1. PLACE OF DEATH  COUNTY  COUNTY  Village or City  City  County  Village or City  C	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Villag		ORATE LIMITS
Length of residence in city or town where death occurred.  What leads to receive the a hyphilite orientation, give his NAME intended of under and anather)  St. Notice in U. S. it of foreign birth?  Yes. mos.  2. FULL NAME  (a) Residence: No. 1.0 S. E	County tillegany	
(a) Residence: No. 1.0 5 2 6: Manaphece of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE  OR DIVORCES (comity the word)  5. It married, widowed, or divorced  Wishald of the profession, or particular  1. AGE  Verss  Months  Days  1. LESS haan  1. Total time (verse)  S. Trade, profession, or particular  S. My IT, Robot coursed on the dato stated above, 24 30 mm.  1. Debt deceased list worked at worked at months work was done as SILK MILL  S. My IT, Robot or country  (State or country)  (State or country)  What lest confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a man of operation.  What test confirmed diagnosis: The My It was a manaph and State.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Name		
(a) Residence: No. 1 5 2 6 Manphee of shock    PERSONAL AND STATISTICAL PARTICULARS  3. SEX	Length of residence in city or town where death occurredyrsmos	ds. How i in In U. S. if of foreign birth? yrs mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, OR DIVORCID (winit the word)  10. DATE OF BEATH  7. AGE  Years  Months  1. Total time (years)  Spirit in this	2. FULL NAME Mabel & orothy	anderson of
3. SEX 4. COLOR OR RACE OR DIVOKED Committee words So. It married, widowed, or divorced Williams and the words OR DIVOKED Committee words OR DIVOKED Committ		
Sa, It married, widowed, or divorced HUSANO of Corp. Wife	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MUSBANO of Corp. No. 6 of Notes of Corp. 1 o		(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yens  Months  Days  If LESS than  I last saw he alive on  to have occurred on the date stated above, and 30 mm  to work done, as SPINMER.  JOHANNER OF ALLIANS TO THE ALLIANS THE ALLIANS TO THE ALLIANS	5a. If married, widowed, or divorced	
Take Vests Months Days If LESS than I day, has the presented on the dato stated above, and 3D m. If LESS than I day, has the profession, or particular to make a solidows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance work as follows:  SAWYER, BOOKKEPPER, atc.  9-industry or business in which work was done; as SILK MILL, SAWYER, BOOKKEPPER, atc.  10. Dato deceased last worked at this occupation (otate or country)  11. Distriphlace (city or town).  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. MAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (State or country)  18. BURTHPLACE (city or town).  (State or country)  19. UNDERTAKER.  (Address)  Date of Injury.  Date of Injury.  Specify whether injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Natura of injury.  Natura of injury  Natura of injury  Natura of injury  Natura of injury  Natura of injury in any way related to occupation of deceased?  15. OURSTAKER.  (Address)  16. SIRTHPLACE (city or town).  17. INFORMANT.  Manner of injury in any way related to occupation of deceased?  18. SURIAL, CREMATION, OR REMOVAL  Place  Date of Injury  Natura of injury  Natura of injury  Natura of injury in any way related to occupation of deceased?  18. OURSTAKER.  (Address)  24. Was disaasa or injury in any way related to occupation of deceased?  18. OURSTAKER.  (Address)  MALLLANDER AND INTERESTANCE	(or) WIFE of Cohert anderson	22. HEREBY CERTIFY. That I attended deceased from
A 19 I day, hrs. or min.  S. Trade, profession, or particular sind of work done, as SPINNER, Jewishel Workship or min.  S. Trade, profession, or particular work as follows:  S. Trade, profession work as follows:  S. Trade, profession, or particular work as follows:  S. Trade, profession wor	6. DATE OF BIRTH (month, day, and year) Lee 2 1907	Hast saw half alive on 4-21, 1934, death is said
8. Trade, profession, or particular SANYER, BOOKSPIANER, SPIANER SANYER, BOOKSPEEPER, atc.  9. Industry or business in which SAN WILL, Bahik site, Will. SAN WILL, Bahik s		
kind of work done, as SPINNER, Deptile Workell SAWYER BOOKKEPER, at the SAWYER BOOKER BOOKKEPER, at the SAWYER BOOKKEPER,	26 4 19 or min.	water on follows:
Other Costributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  Date	8. Trade, profession, or particular kind of work done, as SPINNER, Jertila Worked	1110
Other Costributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  Date	9. Industry or businass in which work was done; as SILK MILL.	Photos du-
Other Costributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  Date	SAW MILL, BANK, etc	Jule Coloding of
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date Of Laboratory  Date Of Laboratory  Nama of operation  Nama of operation  What test confirmed diagnosis?  What test confirmed diagnosis?  Accident, sulcide, or homicide?  Date of Injury  Whara did injury occurr?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  Date Operation  Nama of operation  What test confirmed diagnosis?  What test confirmed diagnosis?  What est confirmed diagnosis?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  Date Operation  Nama of operation  What test confirmed diagnosis?  What est		Kuowa
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  D		Other Contributory Causes of Importance:
What test confirmed diagnosis?  Accident, sulcide, or homicide?  Obtained in jury occur?  Specify whether injury occur?  Specify whether injury occur?  Natura of injury  Natura of injury  Natura of injury  What death was due to extannal causes (VIOLENCE) fili in also the following:  Accident, sulcide, or homicide?  Natura did injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Natura of injury		
What test confirmed diagnosis?  Accident, sulcide, or homicide?  Obtained in jury occur?  Specify whether injury occur?  Specify whether injury occur?  Natura of injury  Natura of injury  Natura of injury  What death was due to extannal causes (VIOLENCE) fili in also the following:  Accident, sulcide, or homicide?  Natura did injury occur?  Specify city or town, county and State)  Specify whether injury occur?  Natura of injury	13. NAME Jewis Clarks Kinger	
What test confirmed diagnosis?  Accident, suicide, or homicide?  Option of the property of the	14. BIRTHPLACE (city or town) Warlingburg	Nama of operation Date of Date of
Whara did injury occur?  (Specify city or town, county and State)  17. INFORMANT Machine Common County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Date Opt 24, 1934  Natura of injury  19. UNDERTAKER CAddress)  24. Was disaasa or injury in any way related to occupation of deceased?  (Address)  16 so, specify (Signed)  (Signed)  M. D.	(State of country)	What test confirmed diagnosis? The Mass there an autopsy? The
Whara did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Place  19. UNDERTAKER  (Address)  18. Occupation of deceased?  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  Mullians  M. D.	15. MAIDEN NAME alice Leavener	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
Whara did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Place  19. UNDERTAKER  (Address)  18. Occupation of deceased?  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  Mullians  M. D.	5 16. BIRTHPLACE (city or town) Mayspello	Accident, sulcide, or homicide? Date of Injury19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Date Opt 24, 1934  Natura of injury  19. UNDERTAKER (Address)  24. Was disaasa or injury in any way related to occupation of deceased?  16 so, specify (Signed)  (Signed)  M. D.	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Date Of 24, 1934  19. UNDERTAKER (Address)  24. Was disaasa or injury in any way related to occupation of deceased?  24. Was disaasa or injury in any way related to occupation of deceased?  25. Specify (Signed)  26. Signed)  27. Mullians M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date 24, 1934  19. UNDERTAKER (Address)  Place Date 24, 1934  Natura of injury  24. Was disaasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20 (Address) Frosterre Ind. If so, specify I Mux Millians M. D.	Place allegany Date apr 24, 1934	
20 Speciel 23, 1834 Starney & Peris (Signed) Jo Williams M. D.	19. UNDERTAKER Jacob Halen	24. Was disaasa or injury in any way related to occupation of deceased?
2001 January V 1 Williams	(Address) Frostburg Ind.	If so, specify
	20 Spelel 2 3, 1834 Narney & Registra.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		The second second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1931	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	З даух ндо	
May 1.1923	Other contributory causes of importance:	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

DETERMINED OF A CONTROL TO A DISTRICT OF A DESCRIPTION OF

ADDITIONAL STACK FOR FURTHER S	SIMILIMENTS BY THISIOTAL
	*.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH Allegany Mithing City Li	mits Posicitation Diet No.
Village or City Cumberland . Md	No. Allegary Position, H Ward
Length of residence In city or town where death occurredyrsmos	f death occurred in a hospital of institution, give its NAM (instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 343 Talley Additional (Usual place of abode)	St., Ward. One Method of the North State  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Single	21. DATE OF DEATH April . 21 . 1934 . 193
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end yeer) April.21.1934	i last saw h & slive on Still on Ale 1 19 death is said
7. AGE Yeers Months Days If LESS then 1 dey, hrs. or min.	to heve occurred on the dete steted above, et
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
12. BIRTHPLACE (city or town)Md_ (State or country)	Other Contributory Causes of Importance:
13. NAME Mathew Andrews	
13. NAME Mathew Andrews  14. BIRTHPLACE (city or town) Md (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary. Hilageras	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) P3 (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17, INFORMANT Matthew Andrews (Address) Cumberland, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Dete April 23, pg 193	Menner of Injury Neture of Injury
19. UNDERTAKER John.C.Wolford (Address) Cumberland. Md	24. Wes disease or injury in eny wey related to occupation of deceased?  If so, specify
20. Fulgheil 23, 1934 Harry M (News) Registrar.	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Diocai V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			OF MARYLAND	-CERTIFICATE OF DEATH 0340
1	. PLACE OF	DEATH OO	WITHIN	CORPORATE LIMITS
	County	ullege	Duy 1	Registration Dist, No.
	Village or Cit	y(/ C	mulberland	No. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of reside	ence in city or town where	death occurredyrs	mos. ds. How long in b.S. If of foreign birth? yrsmos
2	. FULL NAW	IE Stelle	lesse Bar	leil
	(a) Residence	e: No. /46//	Beelford	St., 3 Ward.
	PERSON	AND STATIST	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3/3	-	4. COLOR OR RACE	s. SINGLE, MARRIED, WIDOWED	
4	nole	n/+	OR DIVORCED (write the word)	afril 7h 193 4
5a.	If married, widower	d, or divorced	unge	(Month) (Oay) (Year)
	HUSBANO of (or) WIFE of		_	22. I HEREBY CERTIFY, That I ettended deceesed to
		/	11.10 10:	, 19, to
	DATE OF BIRTH (m	nonth, day, and year) Months	Days If LESS ther	I last saw h ; death is to have occurred on the date stated above, at 4- A-m
1. /	ige Tears	Months	1 day,	
- 1	8. Trede, profess	ion or particular	star tor min.	were as follows: Cate of o
NOL	kind of wo	rk dona, as SPINNER, BOOKKEEPER, etc.		run port
PAT	9. Industry or bu	usiness in which done, as SILK MILL,		
CCUPA	SAW MILL 10. Oate deceased	, BANK, etc.	11. Total time (years)	
ŏ	this occupe	tion (month and	spent in this	* ***
	Dinament and the	0	1	Other Contributory Causes of importance:
12.	(State or count		10.	
HER	13. NAME	AP P	Barkhell	2
FATH	14. BIRTHPLACE (	city or town)	2 1/	Neme of operation
	(Stete or c		· /a.	What test confirmed diagnosis? Was there an autopsy?
H	15. MAIOEN NAM	the	Sellers	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (		21	Accident, suicide, or homicide? Date of injury, 19
21	(State or o	ountry)	ma.	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT	of Pla	mymel	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	(Address)	NOR REMOVAL	usland	
	Place	atricholi	instate Why 9 19J	Manner of injury
	9	1 19	5 9	
19.	(Address)	lim	Lake 1	24. Was disease or injury in eny way related to occupation of deceased?
	711	1/0	9 3790	NO OFFI
20.	-6 Sphil	9 10.244 7	Valley of BUV	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	]	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH OO WITHIN CORPORA	1E LIMITS (93-C) 03403
County Allegany	Registration Dist. No.
Village or City Confidence (If	No. 186 11-1111 St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mora Elmira	Berry
(a) Residence: No. 186 Management (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of Corp. WIFE of Hollerh Berry.	22. I HEREBY CERTIFY, That I attended deceased from  FLA TU 1934 to Windle 1934
6. DATE OF BIRTH (month, day, and year) June 23 190.3	I last saw h 11 aliva on part 30 , 1934; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6:30 Ant .
37 A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raisted causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yaar)  11. Total tima (yaars) spent in this occupation.	Ware as follows:  Daty of a shronie dondition.  Chaonie myesordities Duration! too  Da three years Eng P.  Other Castributary Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sellie Frd  16. BIRTHPLACE (city or town) (State or country)	23. If daath was dua to extarnal causas (VIOLENCE) fill In also the following:  Accidant, suicide, or homicida?
17. INFORMANT It albert Berry . (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Community	Manner of Injury
19. UNDERTAKER LOUIS Standard Land	24. Was disease or Injury in any way related to occupation of deceased?
20. Freeborel 5, 1934 Harvey N Oreca Registrar.	(Signed) M.D.  (Address) Smarhuland H.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children net gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HIRPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.-WRITE PLAINLY, WITH

V. S. No. 1

	STATE OF MARYLAND—(	PORATE LIMITS U3404
	County Allegany	Registration Dist. No.  No. Allegary World St., Howard death occurred in a hoppful or institution to the NAMIE instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	
	(a) Residence: No. 6 1.3 (Usual place of abode)	LSt., 3 Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SHYGLE, MARRIED, WIDOWED, Or DIVORCED (write the word)	21. DATE OF DEATH While (Bay) (Year)
-	Sa. If married, widowed, or differed HUSBAND of Cory WIFE of Charlotte Starners	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) And 20 1874	I last saw h allve on Africa 5 192 4; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
certificate	69 7 76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, AMPLE MARKET SAWYER, BOOKKEEPER, etc	Chy Mythretin
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ohr. Mylocarality.
uo	10. Date deceased last worked at this occupation (month and year)	
ucti	12. BIRTHPLACE (city or town) Constant (State or country)	Other Contributory Causes of Importance:
	13. NAME Jacob Bock	testile: curso Durotion of weeks.
-	(State or country)	What test confirmed diagnosis? Was there an au'opsy? Wen
nt.	15. MAIDEN NAME Catherine / Cali	23. If death was due to external causes (VIOL ENCE) fill in also the following:
orta	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
imi	17. INFORMANT Lanninge Bock	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is	18. BUNIAL, CREMATION, OR REMOVAL  Date Aby 1934	Manner of Injury
TION	19. UNDERTAKER Linis Starin Das (Address)	Nature of injury  24. Was disease or injury In any way related to occupation of deceased? The constitution of deceased?
- 0	(Address)	Af so, specify (Signed) Till Walson M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	(1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

	CERTIFICATE OF DEATH 03405
1. PLACE OF DEATH	100
County alla arra	Registration Dist. No.
Village or City A Thomas Thomas	No. St. Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town whera deeth occurredyrsmd	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME hasles I and	
(a) Residence: No. 5/1 Centa (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from the state of the s
DATE OF BIRTH (month, day, and year) Dex 18-1901	1 last sew below alive on applicable 7 1034 death is a
AGE Yaars   Months   Days   If LESS than	to have occurred on the data stated above, at 3:45 m.
57   5   18   1 day,hrs.	
2 Trade profession or particular	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tohaw Treumona 4/1/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased lest workad at this occupation (month and year)  11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Twathy (State or country)	Other Cautributory Causes of importance:
13. NAME The Same	
13. NAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) Un Announ	Where did injury occur?
7. INFORMANT Certhury Synd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Data Data Do 19 3 9	Manner of injury
9. UNDERTAKER (Address)	24. Was diseese or Injury In any way related to occupation of decaased?
0. FILED 4/9 , 1934 Rife Walker. Registrar.	(Signed) (Signed) M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BENEATT V C	4			
Other contributory causes of importance:		Other contributory causes of importance:	FE 7	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10	2)	A	0	0
v	(3	4	0	(3
	-	1000	-	10

1. PLACE OF DEATH  County Allegany	HIN CORPOR	RATE LIMITS (21) Registration Dist. No.
Village or City Cumber land Md.	(If c	No. Nemorial Hospital St., & Ward death occurred in a hospital or institution, give its NAME instead of street and number)  9 ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME Mrs. Clara Bo		
(a) Residence: No. Sixton Pa. (Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX Female  4. COLOR OR RACE White  5. SINGLE, MAR OR DIVORCE Widow	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH April 21, (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Flmer Bowser,		22. I HEREBY CERTIFY That I attanded deceased from  12. 1934. to 2. 1 1934
6. DATE OF BIRTH (month, day, and year) Penna.		I las saw h alive on On >/ f93 1; death is said
7. AGE Years Months Days	If LESS than f day,hrs.	to have occurred on the date stated above, at 1:30P m.  The PRINCIPAL CAUSE OF DEATH and related causes virgos chees.  Were as follows:  Detaclesed
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		Ruhlund Data of onset
SAW MILL, BANK, etc	ime (yaars) nt in this upation	Janyruan Office Soul
12. BIRTHPLACE (city or town) Penna (State or country)		Office Contributory Causes of importants
13. NAME David Ott	4	
f4. BIRTHPLACE (city or town)  (Stata or country)		Name of operation  What test confirmed diagnosist  Was there an autopsy?
≝ 15. MAIDEN NAME Clara Ott		23. If death was due to external causes (VIOLENCE) fill In also the following:
f6. BIRTHPLACE (city or town) Pa • (State or country)		Accident, suicida, or homicida?
17. INFORMANT Nemorial Hospital		(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
FR. BURIAL CREMATION, OR REMOVAL 00	V23,19.34	Mannar of Injury
19. UNDERTAKER Rolet G. Huff. (Address) Facy to		24. Wes disease or injury in any way related to occupation of dacaased?  If so, specify
20. Europeril 21, 1934 Harmy	Registrar.	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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11.—The number of years the deceased followed the occupation.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MADVIAND\_CEDTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	POPATE LIMITS (82-0)
County allegany	Registration Dist, No.
Village or City Caralleland	ND. St., 2 Ward death occurred in a hospital or institution, significant NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrsmos	
2. FULL NAME anna many B	rady
(a) Residence: Np. 110 Backford (Utai place of abode)	St., 20 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED-("write the word)  5a. If merried, widowed, opplivorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of John Brady	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer)	liest sew h_e1_ elive on Q 1 19 0 4; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2.45 pm.
62 4 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Date of onest H.S. 56
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceesed lest worked at this occupetion (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Course of Importence:
(State or country)  13. NAME Hm. Hmlo	Affective his ashirt
14. Birthplace (city or town) Sulland	Neme of operation
15. MAIDEN NAME / SMARL COMPANY	Whet test confirmed diagnosfs?
16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFDRMANT Mrs may Beck, and Address) Cumbuland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BEMOVAL CAN Date April 10, 1934	Manner of injury
19. UNDERTAKER Jossis Stein Sya (Addiess)	24. Was disease or injury in any wey refated to occupetion of deceased?
20. Forfil 10., 1934 Harwy & Menter	(Signed) M. D.

V. S. No. 1

PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

MARGIN RESERVED FOR BINDING

EXACTLY.

stated

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

ż

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	h	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis [ C E   V E D	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(M)	should state of OCCUPA-
6	ECORD. Every i PHYSICIANS xact statement
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ERVED FOR	ik—THIS IS A should be state t may be proper
ARGIN RES	NFADING IN pplied. AGE s erms, so that it instructions on
•	NLY, WITH Coe carefully sure ATH in plain the properties of the coefficients of the co
No. 1	N. B.—WRITE PLAINLY, WITH—CNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	z (R)

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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60	09	A	0	6
U	0	4	U	0

1. PLACE OF DEATH	107:0	-
County Allegan	Registration Dist. No.	
Village or City Cresapterflow	2nd No. St.	Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number	)
Length of residance in city or town where death occurred	rrs,mosds. How long In U. S. if of foreign blrth?yrsmos	ds.
2. FULL NAME John / July	A Burkel	
(a) Residence: No.	St., Ward.	
(Usual place of abo	ode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DOVORCED (WITH	righe word)	1
5a. If married, widowad, or divorced HUSBAND of	y (Day)	cai)
(or) WIFE of	22.   HEREBY CERTIFY That I attended decease	d from
0 2/	June 2 6 ,1933, 10 apr. 18 ,19	34
6. DATE OF BIRTH (month, day, and year) June 46,193	-13	n is said
	If LESS than to have occurred on the data stated above, at	
	min. wars as follows:	of enset
8. Trada, profession, or particular kind of work dona, as SPINNER,	Date	onset
SAWYER, BOOKKEEPER, etc.	Brancho Exermania an	.17,34
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last workad at this occuration (month and		- spots Fo
SAW MILL, BANK, atc		
Spall ( III (	his	
yaar) oppupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town)		
(State or country)	- Growchitis Um	12 34
13. NAME Saul Busket		ا ـعـ وت
14. BIRTHPLACE (city or town)	Name of operation Provide Data of	
(Stata or country)	00:	7
15. MAIDEN NAME RANGE TOCKE	- Constant Constant	7.10
16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Date of injury, 19	
1.00 / 11 A	Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	••••••	
	A.O., 1934. Natura of Injury	
2 0 = 4	Natura of Injury	
19. UNDERTAKER Journe Stein Inc	24. Was disaasa or injury In any way related to occupation of deceased? No	
(Address) semble lage of	If so, spacify	
20. FILED 4/20 1934 MUVane	into (Signad) Cathur to faces	M. D.
	Registrar. (Address) 40 W. dellary 5	

Longo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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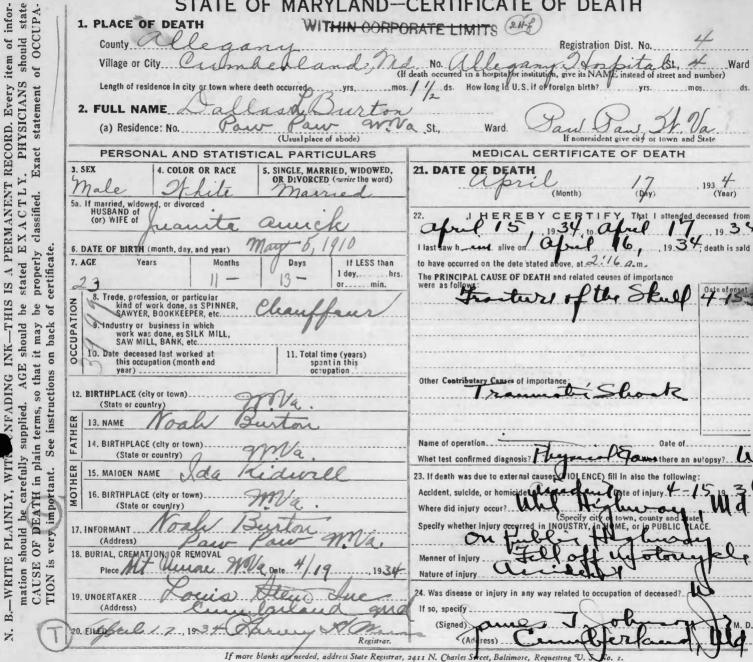
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

= 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	Registration Dist. No.  Registration Dist. No.  No. (Ilegany Josephia St., 4 Ward death occurred in a horpital for institution, give its NAME instead of street and number)  // ds. How long In U.S. if or foreign birth?  yrs. mos. ds.  St., Ward. Saw Saw John Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 dey, hrs.  ormin.	I last saw hard alive on Charles 6, 1934; death is said to have occurred on the dete stated above, at 2:16 a.m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Out of onset  The Skull 1853
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spant in this occupation	
t2. BIRTHPLACE (city or town) STV4.  (State or country) Button	Other Contributary Canses of importance Short
13. NAME Voal Juston  14. BIRTHPLACE (city or town) (State or country)  WA	Name of operation.  What test confirmed diagnosis? Physical Power there an autopsy? Last
15. MAIOEN NAME Ada Kidurel  16. BIRTHPLACE (city or town)	23. If death was due to external causes FIOL ENCE) fill In also the following:  Accident, suicide, or homicide to the following:  Where did injury occur?  (Specify city of town, county and trate)  Specify whether Injury occurred in INOUSTRY, in HAME, or in PUBLIC LACE.
18. BURIAL, CREMATION OR REMOVAL PIECE MIT ULLIAR MINA Date 4/19	Menner of injury  Nature of injury
19. UNDERTAKER Louis Fleur Jue	24. Was disease or injury in any way related to occupation of deceased?



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	3.33
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TEECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

IS A PE	stated E	properly	certificate.
NFADING INK-THIS	applied. AGE should be	terms, so that it may be	instructions on back of
N. BWRITE PLAINLY, WIT, NFADING INK-THIS IS A PE	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH COUNTY County Village or City Village or Cit	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03410
Village or City	1. PLACE DE DEATH OF WITHIN COT	PORATE LIMITS (20)
Length of residence irrity or town where death occurred	County Cally May	Registration Dist. No.
Length of residence jardy or town where destanguarred yets and seed and seed as the control of t	Village or City Influence	Nelllohey Hospelas 4 Ward
2. FULL NAME  (a) Residence: No. R. F. D. H. (Usual place of about)  PERSONAL AND STATISTICAL PARTICULARS  J. SIX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOVED, OR DIVORCED Control to Provide the port of the provided of t	Length of residence in City or town where death occurredyrsmos	death occurred in a nototial or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write: the port) So. 1. Inserticular (Month) So. Inserticu	2. FULL NAME asa Belle (as	der
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write: the port) So. 1. Inserticular (Month) So. Inserticu		Ct Ward
3. SEX  4. COLOR OR RACE OR DIVORCED (which plants)  5. SINCLE MARRIED, WIDOWED, OR DIVORCED (which plants)  5. I. I. Massied, addowed per divorced (co.) WIFE of SIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEFER, etc. 9. Industry or business in which work was done to country or business in which work was done to external causes of importance What test confirmed diagnosis? Was there an eutopay?  15. MAIDEN NAME TOWN DAY OF BOOK BOOK BOOK BOOK BOOK BOOK BOOK B	(Usual place of abode)	
So. Il FREBY CERTIFY. That I stended deceased from the stended states above, at 19.3 H.  5. DATE OF BIRTH (month, day, and year)  F. DATE OF BIRTH And related deceased from the year of the		MEDICAL CERTIFICATE OF DEATH
## Convive of Glot Cander.  6. DATE OF BIRTH (month, day, and year) ## S	Temple White OR DIVORCED (write, the word)	Wal 28 193 H
6. DATE OF BIRTH (month, day, and year) 1/4   SIRCHARD FROM STATE OF BIRTH (month, day, and year) 1/4   SIRCHARD FROM STATE OF BIRTH (month, day, and year) 1/4   SIRCHARD FROM STATE OF BIRTH (month, day, and year) 1/5   death is said to heve occurred on the date stated above, at // 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fully 3 cm.  The PRINCIPAL	HUSBAND OF EACH FIT	22.   HEREBY CERTIFY, That   attended deceesed from
7. AGE Years Months Deys If LESS than 1 day, has a large profession, or particular and of the control of the co	4,61000	1934, to Will 78, 1934
Social Profession of particular kind of work done, as SPINNER, SAWTER, BONKEPER, etc.   11. Total time (yeers) spant in this occupation (month end port done)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. BIRTHPLACE (city or town)   16. BIRTHPLACE (c		2 death is said
B. Trade, profession, or particular were as falleger.  New east saleger.  New east saleger.  Date of onset  Hind of work done, as SPINNER, SAW MILL, BARKH, stc.  10. Date deceased last worked et houst soccupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)  Date of onset  14. 2-32  Name  Other Coptification, Causes of importance.  Other Coptification, Causes of importance of import	The state of the s	
SAVYER, BOKKEPER, etc.  9. Industry or business in which work was done as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATIGN, OR REMOVAL PIECE  18. BURIAL, CREMATIGN, OR REMOVAL PIECE  19. UNDERTAKER  19. Other Contributer  11. Total time (yeers) spant in this occupation  Other Contributer  10. Other Contributer  11. Total time (yeers) spant in this occupation  Other Contributer  Othe	2 2 20 ormin.	Were as follows:
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Plece CLATORY  (Address)  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Cander  (State or country)  Other Contributory Causes of importance.  Name of operation.  What test confirmed diagnosis?  Was there an eu'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece CLATORY  (Address)  19. UNDERTAKER  10. UNDERTAKER  10. Cander  11. INFORMANT  12. Was disease or injury in any way releted to occupation of deceased?  15. Specify  (Signed)  16. Signed)  17. INFORMANT  18. Output  19. UNDERTAKER  19. Other Contributory  19. What test confirmed diagnosis?  Was there an eu'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  19. UNDERTAKER  19. Other Contributory  19. What test confirmed diagnosis?  Was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  19. UNDERTAKER  19. Output  19. UNDERTAKER  19. Output  19. Output	8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	M. 2.34
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Plece CLATORY  (Address)  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Cander  (State or country)  Other Contributory Causes of importance.  Name of operation.  What test confirmed diagnosis?  Was there an eu'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  10. Cander  11. INFORMANT  12. Cander  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Plece CLATORY  19. UNDERTAKER  19. UNDERTAKER  19. Cander  19. UNDERTAKER  19. Cander  19. UNDERTAKER  19. Cander  19. UNDERTAKER  19. Cander	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	
Other Contributory Causes of importance:    13. NAME	- this occupation (month and 2 paint in this	
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Plece  18. BURIAL, CREMATION, OR REMOVAL  Plece  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Candar  11. Date  12. Candar  13. Name of operation  What test confirmed diagnosis?  Was there an eu'opsy?  What test confirmed diagnosis?  Was there an eu'opsy?  Accident, suicide, or homicide?  Date of injury  Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)	106	Other Contificatory Causes of importance
13. NAME Atthus to let 14. BIRTHPLACE (city or town) Acounque (State or country)  15. MAIDEN NAME Many And Leaguest (What test confirmed diagnosis? Was there an eu'opsy?  16. BIRTHPLACE (city or town) Paw Paw Paw (State or country)  17. INFORMANT MAN Hard Cander (Address) 208, Charles St City  18. BURIAL, CREMATION, OR REMOVAL Place (Address) 208, Charles St City  19. UNDERTAKER 2. S. Buttley (Address) Menner of injury Nature of injury In any way releted to occupation of deceased?  19. UNDERTAKER 2. S. Buttley (Specify city or town) Place May 1, 1934  19. UNDERTAKER 2. S. Buttley (Specify city or town) Place May 1, 1934  19. UNDERTAKER 2. S. Buttley (Address) Place Of injury In any way releted to occupation of deceased?  15. So, specify City or town) Place Of injury In any way releted to occupation of deceased?  16. BIRTHPLACE (city or town) Place Of injury In any way releted to occupation of deceased?  17. INFORMANT MAN Hard (Signed) Place Of Injury In any way releted to occupation of deceased?  18. BURIAL (Remail or town) Place Of Injury In any way releted to occupation of deceased?  19. UNDERTAKER 2. S. Buttley (Signed) Place Of Injury In any way releted to occupation of deceased?		Merry
What test confirmed diagnosis? Was there an europsy?  15. MAIDEN NAME Many Ame Leasent  16. BIRTHPLACE (city or town) Paw Paw  (State or country)  17. INFORMANT Miss Hayel Carder  (Address) 208, Charles St City  18. BURIAL, CREMATION, OR REMOVAL  Plece Clatour Many Date May 1, 1934  19. UNDERTAKER J. S. Buttley  (Address) Mass there an europsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  19. UNDERTAKER J. S. Buttley  (Address) Many Many releted to occupation of deceased?  If so, specify Many I any way releted to occupation of deceased?  If so, specify Many I any way releted to occupation of deceased?  If so, specify Many I any way releted to occupation of deceased?  If so, specify Many I any way releted to occupation of deceased?		
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What lest confirmed diagnosis? Was there an eu'opsy?  15. MAIDEN NAME Many And Leagent  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Miss Harle Cander  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece Clatour Modern Date May 1, 1934  19. UNDERTAKER J. S. Buttler  (Address)  19. UNDERTAKER J. S. Buttler  (Address)  (Signed)  What lest confirmed diagnosis? Was there an eu'opsy?  Accident, suicide, or homicide? Date of injury.  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury.  Nature of injury.  24. Was disease or injury in any way releted to occupation of deceased?  If so, specify  (Signed)		
Where did Injury occur?  17. INFORMANT Miss Harel Carder  (Address) 208, Charles St City  18. BURIAL, CREMATION, OR REMOVAL  Plece Clatour MA Date May 1, 1934  19. UNDERTAKER J. S. Buttler  (Address) Carder  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Menner of injury  Nature of injury  24. Was disease or Injury in any way releted to occupation of deceased?  If so, specify  (Signed)	- angreen	
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17. INFORMANT Address) 208. Charles St City  18. BURIAL, CREMATION, OR REMOVAL Plece Clatown Md Date May 1, 1934  19. UNDERTAKER J. S. Buttley (Address) Menner of injury  19. UNDERTAKER J. S. Buttley (Address) Menner of injury  24. Was disease or injury in any way releted to occupation of deceased?  15 so, specify  (Signed)  (Signed)	(State or country)	Where did Injury occur?
Plece Clatown MA Date May 1, 1934  19. UNDERTAKER J. S. Buttley  (Address) Company A May 1, 1934  24. Was disease or injury in any way releted to occupation of deceased?  If so, specify Programment (Signed)		Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
19. UNDERTAKER J. S. Buttler  (Address) Combuland Md  (Signed) Polyan Meland  (Signed)	101-14 6. 1 70.01	Menner of injury
(Address) mbuland ma If so, specify polyanteen	Plece Wellow MM Date / My 1,1934	Nature of injury
GI'll as a Colombia (Singer) (Singer)		
a may are the many of the state	20 Files Sele 30, 1934 Harman N. Merca	(Signed) A Constant M. D.
Registrar. (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage RECEIVED	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Gallstones S. II	May 1,1923	Gastroenteritis	1 year	

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUTALLY	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (13412)
1. PLACE OF DEATH	ESTRETIMITE @
County allegand	Registration Dist. No.
Village or City	11. H2512 to 10.
	It death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Stillesping	asl
(a) Residence: No. 725 Sentral Qu	ce.St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(W) WILL U	aparl 7, 1934, to aparl 7, 1934
6. DATE OF BIRTH (month, day, and year) Speech 2. 1934	I last saw h_Q_talive on
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at 11 30 P.m.
stellbase or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or postinular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
9. Industry or business in which	/ Fill but &
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 2hallf Ill fill?	
year) occupation	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or sountry)	-
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangaret Beenvan	-23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mes Jagues By Garla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR TEMOVAL	***************************************
425 lentral and . 11 ~ 11	Manner of injury
The Combulard Moste 7 ,1937	Nature of Injury
19. UNDERTAKER Menory Calenting	24. Was disease or Injury In any way related to occupation of deceased?
(Address) (Istinhealand mid	If so, specify
20. FILEDYkrel 7 , 1234 Barrery / Open	(Signed) Januall Jawks au M. D.
Registrar.	(Address) 122/7/1/1288
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDEAU V S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	4 4
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. 8. No.

15

Filed

1		1 <sub>PLACE</sub>	OF DI	EATH				
		County	Alleg	gany	*******			
1	Vil	llage or City	Cresar L NAM		ifa	No.	C	Peu
	0	PERSON	AL AN	D STATIS	TICA	L PARTIC	CUL	ARS
	3 9	Male		hite	N N	INGLE, IARRIED, VIDOWED. OR DIVORC Write the wo		Sing
	6 [	DATE OF BIR	тн					
			***************************************	Apr,		(Day)		1 <u>934</u> (Year)
	7 /	AGE		yrs.	mos		1	LESS than day 1hrs.
-	() () () ()	a) Trade, pro articular kind b) General na usiness, or es which employe	d of wor ature of stablishm	industry ent in	ıfan	<u>t</u>	••••	•••••
	9 E	State or cou	intry) (	resapto	wn,	Md.		
		10 NAME OF		Bernard	E.C	ecil		
	NTS	OF FATHI (State or		Cresapt	town	, Md.		
	PAREI	12 MAIDEN OF MOTH		Mary V	/.Hi	te		
,	7	13 BIRTHPL OF MOTH (State or	ER	Cresapt	town	, Md.		
-	14	(Informant)					/LED	GE
		(momant)	DOLL	C	Sec77			- and

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

L	St.:	Ward)	(If death a hospital tion, give it steed of number.)	occurred in or institu- ts NAME in- street and
MEDICAL	CERTIF	CATEO	F DEATH	
16 DATE OF DEATH				
Арз	c,3,	1934	,	192
17 I HERERY CF			(Day)	
" I HORODI CO				
that I last saw him al			17	77.4
				, 19204,
and that death occurred The CAUSE OF DEATH *			bove, at B.,	Am.
Protract			d rigid	Cervix
	v. N. 31 1943/21.11	ny ma	imn.mgmin.	
######################################	************	*************	*************	~**********
***************************************	***************************************	I Hr.	00000 p.irks 0 0 = = 0 0 mp.p. = = = 0 0 0	
	(Durati	on)	_yrs m	osda.
Contributory				
Secondary	(D)	10	200.0	as de
	11/1/		- MA	11.5
(Signed)	inc. CAL	- un	1	1 M. D.
Com 1 3 - 1984 (1	- CAL	uttle	Man	childs
*State the Disease Violent Causes, state Accidental, Suicidal or H	(1) Mean	Death, s of Inju	or, in deal ary and (2)	
18 LENGTH OF RESIDI		r Hospita	ds, Instituti	ons, Trans-
ients or Recent Reside	nts)	la the		
At place of deathyrsmos	ds.		yrs	mosds.
Where was disesse contracte if not at place of dea.h?	d,	0 4 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		**************************************
Former or usual residence	·····		• 4550	***********************
19 PLACE OF BURIAL OF	REMOVA	A.L.	PATE OF	BURIAL
com und	•		MW.	, 1907
20 UNDERTAKES	19	10	ADDRESS	1 1
WI MAD AND	7,74	- um	WIN	the the

If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Exhaustion," "Heart range," "Old Age," "Shock," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic Example: Measles (disease affection need not be etc. valvular heart The contributory " "Convulsions, Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93414 03414
County allegony	Registration Dist. No.
Village or City Hhoseling me	No. Mis Hos St. Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrsmosds.
2000	0
2. FULL NAME CULTURE CONTROL	01 146-4
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. II married, widowed, or divorced HUSBANO of (or) WIFE of	22. , I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Weight 14.19.96	I rast saw h 1 A alive on and 1 2 , 19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 13.5 m.
57 / 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cool Mind of work done, as SPINNER, Cool Mind.	Cordial - asthma
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and specified in this pocupation (month and speci	here seemed torder
SAW MILL, BANK, etc	Liline
10. Oate deceased last worked at this occupation (month and year)	
16.10-10	Other Contributory Canses of importance
12. BIRTHPLACE (city or town) Workship (State or country)	Lett enes- Storlowner
13. NAME Win. Courad	The super- surprised
13. NAME Win Courad  14. BIRTHPLACE (city or town) Oakfoud	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Spargareth Smithe.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Shargareth Smith.  16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT John S. Canrad.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Alla. Com. Oate April 20, 19.34	Nature of injury
19. UNDERTAKER Gacof Coafer S	24. Was disease or Injury In any way related to occupation of deceased?
20 FILED 4/30 1934 al R. Hacker	(Signed) W. A. Van Oumer M. D.
Registrat.	(Address) Frontling, mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		CELVEDI	
Other contributory causes of importance:		Other contributory causes of importance:	201-
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1341:)
County Alleganny WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village Dr City	No. 13 lace St 6-3 Word
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2. FULL NAME MANY M. CAMPAGE	ds. now long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 23 Rase	St.6-3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX. 4. COLOR OR RACE   S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Amale White Ingreed (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, Thei I attended deceased from
2 1 0 10	1 5, 19 01, to Cefeul 3, 19 34
6. DATE OF BIRTH (month, day, and year) Arch 190 1876  7. AGE Years Months Days If LESS than	I last saw h
158 M I day,hrs.	to have occurred on the date stated ebove, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Amplication SAWYER, BOOKKEEPER, etc.	Corpney Heromfosis.
9. Industry or business in which work was done, as SILK MILL,	- A
10. Date deceased last worked at this occupation (month and year)	
9	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Charles Suffered.
I 13. NAME AL M. Inme	- The state of the
13. NAME A M. Monte	Nems of operation
(State of contrary)	V
15. MAIDEN NAME SHAPE Balentine  16. BIRTHPLACE (dity or town)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT // M. A. Longlas. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I St. I Clim Date January 1934	Nature of Injury
19. UNDERTAKER Louis Stein & Le	24. Was disease or injury in any way related to occupation of deceased?
20 stoppiel 5- 1934 Oleman More	(Signed) M D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

V. S. No. 1	•	1-4	MARGIN	RESERV	ED	FOR	MARGIN RESERVED FOR BINDING			M)	
N. BWRITE PLAINLY, WIT: INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	PLAINLY,	WIT	INFADIL	IG INK-	THIS	IS A P	ERMANEN	r RECORD	. Every	item of i	nfor-
mation	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully	supplied.	AGE should	l be	stated	EXACTL	Y. PHYS	SICIANS	should	state
CAUSE	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	in plain	n terms, so	that it ma	y be	properl	y classified.	Exact st	atement	of occi	IPA-
TION	TION is very important. See instructions on back of certificate.	ant. S.	ee instructi	ons on bac	to a	certifica	te.				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03416
1. PLACE OF DEATH	(201-m)
County allegany	Registration Dist. No.
Village or City to and delay a line	No of a defect and transfer CA Mand
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
1) 1 26 1 -	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Phailes Am Lugler	
(a) Residence: No. Alguarda: May Catton M (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 13
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary X. Custer	1 HEREBY CERT FOR That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Fet. 1.0 1868	I last saw h. Lana alive on anis 12 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 440 P. m.
66 1 23 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were and ollows:
Trada profession or particular	tracture of lot his 300 4 / 2-10-34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done as SII K MIII	lumbar vertibrae
9. Industry or business in which work was dona, as SILK MILL, Coal Mine SAW MILL, BANK, etc	Anna Cord inpus
10. Data deceased last worked at this occupation (month and Feb. 1934 spant in this occupation 45450	
11 +1 1 -1	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Saucell Ounly (State or country)	Delubelus vaxay
13, NAME William Custer	( 4Where an Mar. I have ) 3 15-34
13. NAME Willeam Custer  14. BIRTHPLACE (city or town) Not Known	to for the second masses
4 14. BIRTHPLACE (city or town) AST (State or country)	Name of operation
15. MAIDEN NAME & softh Broadwater	23. If death was due to external causes (VIOL FICE) fill in also the following:
0 16. BIRTHPLACE (city or town) Sarrett County	Accident, suicide, or homicide? accident. Date of injury 2-10 , 1934
(Stata or country)	Where did Injury occur? Coul miss
17. INFORMANT Selinton Custon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Reyolds mi	Industry
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tall of Coal on back
Place Intercour, Ma Date Uper. 16, 19	Nature of injury fractions of lumbar vertilizes
19. UNDERTAKER SIBOAL	24. Was disease or injury in any way related to occupation of deceased? No
(Address)/ Barton, main	If so, specify
20. FILED 115 19 3 4 QIR. Halke	(Signed) Norman Rollies M. D.
Registrar.	(Advess) fildmont X. VI
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones S	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	U.

1. PLACE OF DE		1231	Cathon Can	Dr Williams
	llegany		HIN CORPO	RATE LIMITS Registration Dist. No. 4
Village or City	Cumberlar	nd Md.	(1)	No. Memorial St., Ward fdeath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence i	n city or town where	death occurred		s. 29 ds. How long in U.S. if of foreign birth?
2. FULL NAME	Mrs. Ber	tha Dav	is,	
			kland Md	St., Ward.
	LOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH
Female	White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  April 28, 193 4  (Month) (Day) (Year)
5a. If married, widowed, or HUSBAND of	divorced			M 11157577 2577
	arry Davi	s,		22. 3 HEREBY CERTIFY. They I attended deceased from
6. DATE OF BIRTH (month,	day, and year)	Sent. 1:	1875.	I last saw h 2 1 alive on 4-28-,1934; death is said
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6.15 Rm
58	7	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, o	CDIMMED			Date of one of
SAWYER, BOOK	KEEPER, etc	lousewif	ė	Di A
kind of work do SAWYER, BOOK  9. Industry or busines work was done, SAW MILL, BAN  10. Date deceased last	as SILK MILL.			No rouse l'eptres un
10. Date deceased last this occupation (	worked et	11. Total t	ime (years) nt in this	Rus
year)		0001	upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or to	wn)Marv]	[and		
13. NAME JO				-
				Name of according 7/10
(State or countr		and,		Neme of operation Date of What test confirmed diagnosis? D. C.
15. MAIDEN NAME	Deboral	h Perri	2.	23. If death was due to external causes (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city of	r town)			Accident, suicide, or homicide? Date of Injury
(State or countr		Land		Where did Injury occur?
	orial Hos			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	mberland	Md.		
18. BURIAL, CREMATION, OR REMOVAL Oakland. Md Date May. 2.1934		.2.1934	Manner of injury	
			, 19	Nature of injury.
	lden.Und akland.		*******	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
object 30	., 19.34 0	arney)	HONee Registrar.	(Signed) Alleains
lams	If more	blanks are needed		2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis - C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

	infor-	state
1	Jo	pli
/	item	shor
	Every	CIANS
B	RECORD.	PHYSI
MARGIN RESERVED FOR BINDING	NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	y supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A P	stated
Q	SII	pe
SERVE	NK-TE	plnous
REG	ING I	AGE
MARGIN	INFAD	supplied.
•	7	>

STATE OF MARYLAND-CERTIFICATE OF DEATH

	3	4	1	8
V	V	die	All I	-3

1. PLACE OF DEATH	(Fig.)
County Allegany	Registration Dist. No.
Village or City O Latty no	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s,ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JUNN N. Warr	2.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	april 22 1934
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of 24	22. / LHEREBY CERTIFY, Thet I attended deceased from
Taget -	april 15, 19,34, to april 22, 19,34
6. DATE OF BIRTH (month, day, and yeer) July 8 1910	I last saw h me eliva on a feul 22 1934; daath is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, etAm.
23 9 14 1 day,hrs.	ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER	Date of onset
kind of work done, as SPINNER, The SAWYER, BOOKKEEPER, etc.	- Julia Munina -
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacasad last worked at this occupation (month and	
10. Data dacaasad last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
(State or country)	
II 13. NAME Ishow It Danes	
13. NAME Show H Danes  14. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — —	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kinal Barth	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Region Barth  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Island H Danio	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Olation and	Transfer of the country in Home, of in Fobile Place.
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury
Age ung pap cum Date May 75, 19 35	Natura of injury
19. UNDERTAKER Louis Stein Inc	24. Was disaasa or Injury In any way related to occupation of daceasad?
(Address) / hmbuland	If so, specify
20. FILED 4/25/34 19 Carrie a Shawholt	(Signad) M.D.
Rocal Registrary	(Address) / 2 2 /2/18/19/19
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	2			
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

N. B.-WRITE

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1/2	5)	A	0	6
0	0	4	1	3

1. PLACE OF DEATH	109
County allegans	Registration Dist. No.
Village or City rear (Oldton)	No. St., Ward
Langth of racidance in city of Journ where death coursed	If death occurred in a hospital or institution, give its NAME instead of street and number)
4 1/1 ///	s ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME any Italiam	Vario
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH
mule White Smale	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of	(1001)
(or) WIFE of	22. f HEREBY CERT f FY. That I attended deceased from
111 211	- Upm 16 19.34, 10 Upm 23, 19.34
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days I If IESS than	I last saw hAMA_alive on Africal
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trade, profassion, or perticuler kind of work dona, es SPINNER,	- A A
SAWYER, BOOKKEEPER, etc.	- LALAN (Mellingenin
Kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Iadústry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc  10. Data deceesed lest worked et this occupation (month and	y
SAW MILL, BANK, etc	
this occupation (month end spent in this year) occupation	
Overpation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME from It dans	
13. NAME 11. BIRTHPLACE (city or town)	Neme of oparetion Dete of
(State of County)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME / Cara Back Back Back Back Back Back Back Bac	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT STAND 24 Danis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address), Olaton and.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place by Minoste Up. 16, 1934	Neture of Injury
19. UNDERTAKER Latino Stein Inc.	24. Was diseese or injury in any way related to occupetion of daceesed?
(Address)	If so, specify
Haston Paris a Shrich It	1000 4/10/a// # +1
20, FILED 7/ 10/34, 19 Land Common	(Signad) M, D.
Aguay Reguras	(VIOLESS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11.8				
Other contributory causes of importance:		Other contributory causes of importance:	11111111	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County  County  County  Cillegary  Cif death occurred in a horpital or institution, give its NAME instead of street  Length of residence in city or town where death occurred  VIS. How iong in U.S. if of foreign birth?  VIS.	/
Village or City Cumberland, Md. No. Allegany Younday St (If death occurred in a hospita) for institution, give its NAME instead of street	1/
(if death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where death occurredyrsmos. 2 ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME James Coligo	na s
(a) Residence: No. Westernfront Md' St., Ward. Westernfront, (Upual place of abode)  (Upual place of abode)	MQ.
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 15. SINGLE, MARRIED, WIDOWED. OR DIVORCED (Smith World)  (Month) (Oay)	, 193 <b>4</b>
5a. If married, widowed, or divorced	(1041)
(or) WIFE of	nded deceesed from
6. DATE OF BIRTH (month, day, end year) July 2, 4-1905 I last law hum alive on apr. 6 3 19	24; death is said
7. AGE Years   Months   Days   If LESS than to have occurred on the date steted above, atm.	
The PROCIPAL CAUSE OF DEATH end rolated causes of importance or min.	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER.	the
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which	6
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and spent in this	
10. Oate deceased last worked at this occupation (month and spent in this	
year) Octupation Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town). Wisternkard (State or country) Many Land	
E D' a south alley	4-11-30
14. BIRTHPLACE (city or town)   Name of operation   Oato (State or country)   What test confirmed diagnosis?   Was there	re an autopsy?
15. MAIOEN NAME Accident, suicide, or homicide? Date of injury.  Out of the following states are constructed as a suicide or construction.	
where did injury occur?	16
(Specify city or town, county are Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL (Address)	
18. BURIAL, CREMATION, OR REMOVAL + 12 1 Manner of Injury	
Place Westunkou Ma. Oate akv. 9 , 1934 Nature of Injury	
19. UNDERTAKER David S. Boyal 24. Wes diseese or injury in eny way related to occupation of decease	d?
(Address) the stempest, mi, If so, specify.	·
20. Europhel 9, 183 4 Maluey N Views (Signed) (Address) 12 2 Black M	M. D.
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1 1 5 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

SIAIL OF MARYLAND—  1. PLACE OF DEATH A WITHIN COR	PORATE LIMITS
County allegan	Registration Dist, Np.
William on Other P	Na Memorial Aschelal St. 6-1 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mountain Gran	
(a) Residence: No. 2) Called Mossian (Usual place of abode)	St Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR BACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHERPIE 2 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from March 27 1934 to where 2 1934
6. DATE OF BIRTH (month, day, and yeer) Feb-16-1808	lest saw here alive on april Z 1974; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1: 30 9 m.
26 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Trade, profession, or particular kind of work done, as SPINNER,	11
Aind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spant In this	Jo Far Menuroma Mar 24
work was done, es SILK MILL, SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
13. NAME  14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? 20
15. MAIOEN NAME LENGTH	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did Injury occur?  (Specify city or town, county and State)
17. INFORMANT (Address) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plattle gamplous le Date 4 3 , 1934	Nature of injury
19. UNDERTAKER Touja fleig hay	24. Was disease or injury in any way related to occupation of deceased?
(Address) imberland, Md.	If so, specify (Signed)  N. D.
60 Grand 3 , 109 G Varuey IV Illean Registrar.	(Address) Deurstrland, Mrd.

11 (1 /1 () 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FCEIVED	July 5,1927	Peritonitis	3 days ago	
MAY 8 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

TION is very important. See instructions on back of

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		30
County Allegany	WALTHIN COL	PORATE LIMITS Registration Dist. No.
Village or City Cumber 1.8	and Md.	No. Nemorial Hospital St., 6 // Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  nos. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. St		o/ - V was
(a) Residence: No. 327 A	Arch St. (Cit (Usual place of abode)	y St4-2 Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April 7, 193 4  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ev	verett.	HIEREBY CERTIFY That latteded deceased from 2 1934
6. DATE OF BIRTH (month, day, and year)	June 13, 1887.	I last saw h & alive on 1 1 30 1, 1934; death is said
7. AGE Years Months 46 9	Days If LESS than 1 day,	to have occurred on the date steted above, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	Subbratous pronention ?
work wes done, es SILK MILL, SAW MILL, BANK, etc.		1906
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town)	and	Other Contributory Causes of importance:
13. NAME Charles	Fleegle.	
Harman Charles  13. NAME Charles  14. BIRTHPLACE (city or town)  (State or country)	nnsylvania	Name of operation Name of Oper
15. MAIDEN NAME Mary Har	rdman,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Har 16. BIRTHPLACE (city or town) (State or country) Penns	ylvania	Accident, suicide, or homicide?
17. INFORMANT Memorial Ho	ospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place To L. A. C.	01. 1. 2	Manner of injury
19. UNDERTAKER Annio A	ting gre	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. Fledferel 9, 19340	Jaraey & Messar. Registrar.	(Signed) (Signed) M. (Address) 122

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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V. S. No. 1 Ξ.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis 2	3 days ago
PUREAU V. S.		a la	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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			un		)	Registration	Diet No	
	Village or Ci	tv 12	-1617	Turn	No.	Nogistiation	St.	u
			77		f death occurred in a hospital or in		E instead of street ar	nd number)
	Length of resid	lence in city or town wh	ere death occurred	yrsmo	ds. How long in U.S.	. If of foreign birth?	угз.	_mos
2	. FULL NAM	ME State	Wars	1 00	leek!	0.	,	1
	(a) Residence	e: No		/	St., Ward.	read	town	)
o'Estitu	PERSON	AL AND STATE	(Usual plac		MEDICAL		give city or town	
3. 5		4. COLOR OR RACE		RRIED, WIDOWED.	21. DATE OF DEAT	CERTIFICATE	OF DEATH	
1	22.1	On 1 4		(write the word)	ZI. DATE OF WEAT	rel	/	100 3
5a.	If married, widowe	od or divorced	1	ngly		(Month)	(Oay)	(Year
	HUSBANO of (or) WIFE of	a, 51 aivoicea			22. HEREI	BYCERTIF	Y That I attend	ed deceased
					apr. 1	1934 119	apr. 1	19.3
6. I	DATE OF BIRTH (	month, day, and year	pril	1.1934	I last saw h \$132 alive on.	Still bor	rd ,19	; death Is
7. A	Vear	s Months	Days	If LESS than	to have occurred on the date s	stated above, at	a.m.	
		eti 22h	ern,	1 day,hrs.	The PRINCIPAL CAUSE OF D were as follows:	EATH and related caus	ses of importance	1 -
Z	8. Trade, profess	sion, or particular			0 1.	/	10	Date of o
TION		ork done, as SPINNER, BOOKKEEPER, etc			rematurit	4 hion	His	
UPA	9. Industry or b	done, as SILK MILL, ., BANK, etc				/		
OCCO	10. Oate deceased	d last worked at	11. Total	time (years) ent in this				
		ation (month and	Spe	ent in this upation				
12	BIRTHPLACE (city	or town)	seen to	tame	Other Coutributory Causes of i	mportance:		
240,	(State or count			ma				
HER	13. NAME	noch.	7 St 00	eh'				
E	14. BIRTHPLACE	(city or town)	deer bi	tarres on	Name of operation 200	ul	Data of	
4	(State or o			mol	What test confirmed diagnosis	Olivical	Date of Was there a	
HER	15. MAIOEN NAM	E Mary	wa. x	mitte	23. If death was due to external			
MOTH	16. BIRTHPLACE	(city or town)	Elene	and .	Accident, suicide, or homicide?			-
Σ	(State or			Lenny	Where did Injury occur?			, 15
17.	INFORMANT 6	moch (	r. 34 a	ch. i	Specify whether injury occurre	(Specify city or d In INOUSTRY, In HO	town, county and S	tate)
	(Address)	areso	plan	mid				
18.	BURIAL GREMATI	ON, OR REMOVAL	20 et -	- 2 - 4	Manner of Injury			
	Placetted	grown, 1	Date 7	04 ,192/	Nature of Injury			
19.	UNOERTAKER	Gusch	in of	leek)	24. Was disease or injury In an			
	(Address)	1, Cr	untitre	me mad	If so, specify	10		
20.	FILEO	7 1941	4 /m	surter	(Signed) Luthu	1 + Jones		
	/	7	7	Registrar,	(Address) 40 4	1 Charle	5+	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

3.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	Dara of Guzer
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921 uly 5,1927	1921 Run over by street car  (uly 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER STATEMEN	ALS BA	PHYSICIAN

03424

1. PLACE OF DEATH	
county allegany WITHIN CORPORA	TE LIMITS Registration Dist. No.
Village or City Compleyland. md.	No/Illesony Hospital St. 4 Ward
(1	f death occurred in Ahorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s. A ds. How long In U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Senry to Milliam	trengel.
(a) Residence: No. / Datlos / Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, that I attended deceased from
C DATE OF DIDTH ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I lest saw h elive on Ofrus 1- 19 3 Kdeath Is sald
6. DATE OF BIRTH (month, day, end year) May 1, 9/8  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:309m.
1/6 D 1/9 1 day,hrs.	
8. Trede, profession, or particular	Sufference blood Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	
9. Industry or business in which work was done, as SILK MILL.	Stelow in fletion
work was done, as SILK MILL, SAW MILL, BANK, etc	1
this occupation (month and spent in this occupation occupation	
Q-t	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Darlon (State or country) maruland	-
13. NAME Seage Mm Trengel  14. BIRTHPLACE (city or town) Bastons  (State or country)	Name of operation Of Mullelance Oate of 3-78-3
(State or country) Masuland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ennie Lordon Robinson	23. tf death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (INTERPOLATION CONTROL SOLD CONTROL CONTRO	Accident, suicide, or homicide? Date of injury
State or country) mai	Where did Injury occur?
17. INFORMANT Carson 7 Hyde Moderns)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maskow Ms Oate April 1907	Nature of injury
19. UNDERTAKER David S. Boal	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Backon, And.	If so, specify QAO
20, Intopiel a 1934 Harring & Mer	(Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S No. 1.

WRITE PLAINLY, WITH NEAD mation should be carefully supplied.

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

	CERTIFICATE OF DEATH 03425
1. PLACE OF DEATH OA WITHIN CORE	PORATE LIMITS
County Ollegan	Registration Dist. No.
Village or City Carellerland	No. 5 / South St6- 2 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Olive, Johns Day	
- 1 1	graninser.
(a) Residence: No. S (Usual place of abode)	St. / Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ( )
OR DIVORCED (write the word)	Up 3 1934
5a. If married, widowad, or divorced	(Month) (Day) (Year)
(or) WIFE of Henry &.	22. 1 HEREBY CERTIFY, Thet I ettended deceased from  1934. to May 3 1934
6. DATE OF BIRTH (month, day, and yaer)	I last saw her alive on Ohr 3 , 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10:20 Pm.
65 5 11 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of Importance
9 Trade profession or portionter	Ware as follows:
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Torners neumonia. Man 20
9. Industry or business in which	0 00/
work was done, as SILK MILL, SAW MILL, BANK, atc	Trefleien - Vin 26
O this occupation (month and spent in this	
year) occupation	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
H DOGGE	
(State or country)	Name of operation
	What tast confirmed diagnosis? The Was there an aulopsy?
	23. If death was due to axternal ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, [9
on on on	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIA, CREMATION, OR REMOVAL	Mannat of injury
Place hamona Dete Upr 6, 1934	Nature of injury
La Star Than	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, spacify
20 Filebrel 6 1934 Harmen HOVer	(Signad) A Is Frankley M.D.
20. The relation of the resistration of the re	(Address) Cumberland, In

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	41	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis AY 8 L	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	The state of the s	a lor		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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No.
vi2
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1. PLACE OF BEATH	HIN COMONATE L	(A)	
County Alleganes	2	Registration Dist. No.	
Village or City Hack	ur q	No. Gallocal St. St., f death occurred in a horpital or institution, give its NAME instead of street and nu	
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME This	and A Guy	ter	
(a) Residence: No.	trasol	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATIST  3. SEX 4 COLOR OF RACE		MEDICAL CERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED write the word	21. DATE OF DEATH  (Month)  (Day)	193_{(Ye
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 le 4	22/ I HEREBY CERTIFY That I attended de	000000
(or) wire or Mary	lin Junes	( che 9 10340 Ceffer S-	19
6. DATE OF BIRTH (month, day, and year)	ch 25, 1863	I last saw h alive on 193	death
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et	
71 1	10   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Dateo
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	0. It.t.	- / V	Dates
This is a poortier on, etc.	source grancy	Juneanym 9 of	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	. ,	the right them 9	•
0 10. Date deceased last worked at this occupation (moeth and	11. Total time (years) spent In this		
year)	occupation	Other Contributory Causes of Importance;	
12. BIRTIIPLACE (city or town)  (State or country)	no	July Lung and	
13. NAME Hollis	fleate	affinagger	
I	no oura		
14. BIRTHPLACE (city or town) (State or country)	les	Name of operation Date of	
© 15. MAIDEN NAME → NOS	" Known	What test confirmed diagnosis? Was there an au'  23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	- 16	Accident, suicide, or homicide? Date of Injury	9
E (State or country) Not	Guown	Where did injury occur?	
17. INFORMANT Thomas  (Address) Center	The Frothing, ne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	0.16=	Manner of injury	
Place Ullegany Chim	Date Majores 7,19	Nature of injury	
19. UNDERTAKER Jacoh J. Frankl	tole no	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 46 19-3 4 C	CR. Nalkin	If so, specify (Signed)	7
	Registrar.	(Address)	11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03427
1. PLACE OF DEATH WITHIN CO	PRPORATE LIMITS 4
County Cellega	PRPORATE LIMITS Registration Dist. No. 4
Village or City	No. 17 13 - St, 6 - 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
2. FULL NAME Longlla Han	roto
(a) Residence: No. 17 Box	St 6 - 2 Ward.
(Usus I place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	(10.1)
(or) WIFE of	HEREBY CERTIFY. That I detended deceased from
6. DATE OF BIRTH (month, day, and year) QQ 28 28 1914	I last saw h ev alive on christ 1921/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 13 m., 19 m.
19 # 5 27   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 dobol newoma 4/19/24
9. Industry or business in which work was done, as SILK MILL,	1.000
10 Date deceased last worked at	
O this occupation (month and spent in this year) occupation	
12 DIDTUDI ACE (situat faux)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME William Hausrole	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leona have	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Wilbur Hausrote (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Recurred and Date Copy 3), 1934	Nature of Injury.
19. UNDERTAKER COLINIA STATE OF THE CANADA CANDEL COLINIA CANDEL COLINIA COLIN	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Chril 27934 Charency ON Onein	(Signed) The Clare on M. D.
Registrar.	(Address) 12 Mulles Curles and My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance.		
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
			2	

1. PLACE OF DEATH	RPORATE LIMITS (B)
County alligary	Registration Dist. No.
Village or City Common	No. Memorial Hospitals 6 - Ward
	(If death occurred in a horpital or institution, give its NAME/instead of street and number)  108. How long in U.S. If of foreign birth?
2. FULL NAME John Harrison	
(a) Residence: Not alleanne to 27m	St. Ward.
(Usur place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYRCED (water the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Unknown	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Inla 8 1853	lest saw h 444 alive on 4 - 7 9 - 1934; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 11:30 fc.
80 9 21 1 day,hi	THE TAINTER CAUSE OF DEATH and related causes of importance
8: Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Arterio Delarospo
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Deptitio du
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupetion (month and spent in this	latin Manager to
year) spant in this occupation (month and spant in this	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Other Countries of Importance.
(State or country)	
13. NAME 13.	2
14. BIRTHPLACE (city or town)	Name of operation Pate of
(State of County)	Whet test confirmed diagnosis? They fave there en au'opsy?
15. MAIDEN NAME / State or country)  15. MAIDEN NAME / State or country)	23. If death was due to external causes (YTQL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Grand The Country)	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
My st. la.	Neture of Injury.
19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decessed?
(11 1- 11-1/1 21m	(Signed) Was f. William M.D.
THEODEL 30, 1934 Farring / Registrar.	(Address) While I All

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 8 1934				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEME	NTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03429
1. PLACE OF DEATH	(NO)
County . allegany	Registration Dist. No.
Village or City Cumberland	No. 6 altamont servace Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Mat H by	ds. How long in U. S. if of foreign birth?yrsmosds.
Z. FULL NAME	reacy.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white of vorces (aunce the ward)	(10/W /2) 11 4
5a. If married, widowed or altyorced	(Month) (Day) (Year)
5a. If married, widowed or Hyorced HUSBAND of (or) WIFE of	22. I HERDRY OF RTIEY, That 1 attended deceased Double
mann -	mar 21, 19 1, to 1920 1921
6. DATE OF BIRTH (month, day, and year) Ang 6 188/	I last saw h alive on after 19 19 7; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
37 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Photosian (xu)
	Constitution of the state of th
Andustry or business in which work was done, as SILK MILL, BANK, etc.	Compactacy a resident
10 Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	Bronched asthma
TI 13. NAME	(non tuberculus)
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? The
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT & 13 Itrakand	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (mm) orland.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Maria	Nature of injury
19. UNDERTAKER Armis Stern Jac	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comforland	If so, specify 7
20. Flee pril 17, 1934 Harry A Mero	(Signed) (Surberland Md)
Registrar.	" (noures)
15 more blanks are needed, address Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago	
- 1987 H				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

HUSBAND of (or) WIFE of  6. DATE OF BfRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS then 1 deyhrs. or min hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 9. Industry or business in which work was done, or solk in this occupation (month end year)  12. BFRTHPLACE (city or town)  (State or country)  Neme of operation Date of		CERTIFICATE OF DEATH 03430
Village or City	WITHIN CORPC	
Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. if of how was and state. Ds. If it more in the deal CERT iFICATE OF DEATH  21. DATE OF DEATH  22. I HER EBY CERT iFY. That i attended decesses (Vol. ERE) Birth (Month) (Dsy) (Ds. In the principle of the deal stated above, at m. m. The PRINCIPAL CAUSE OF DEATH and related eauses of importance with the occupation of how long in U.S. If of the principle of the deal stated above, at m. m. The PRINCIPAL CAUSE OF DEATH and related eauses of importance was a follows. If it is a state of injury occurred in information of injury occurred in information of injury. State or country)  23. If death was due to externel causes (VIOL ENCE), fill in elso the following: Accident, suicide, or homicide?  24. Was disease or injury in any way related to occupation of decessed?  25. UNDERTARER (Address)		" See a later All I
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth?	Village or City Complex Complex (1	death occurred in a horbital or institution, give its NAME/instead of street and number)
(a) Residence: No.  (Usus place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  OR DIJORCID (waite lighword)  5. SINGLE MARRIED, WIDOWED, OR DIJORCID (waite lighword)  5. LI merried, widowed, or divorced MUSANO (With Missakov)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then 1 deg		
Clusty place of shocks   MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Infant Himema	n) 0, 0, 1 -
PERSONAL AND STATISTICAL PARTICULARS  1. SEX		
7. AGE Years Months Days If LESS then I dey. hrs. hrs. or min.  8. Trade, profession, or particular Rend of work dome, as SPINNER, without the set follows:  8. Irade, profession, or particular Rend of work dome, as SPINNER, and of work dome, as S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, end year)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAK, etc  10. Date decessed last worked at this occupation (month end year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER  (Address)  19. What test configured in included a silve on particular was presented and provided and	Honale Whate OR DIVORCED (write the word)	COMU / 0 193 5
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then I down his, and perfectly the control of the date steled above, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Were as follows:  Note of the date steled above, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the perfect of the date steled above, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the perfect of the date steled above, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Data of the PRINCIPAL CAUSE OF DEATH and related causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  Name of operation.  13. If death wes due to externel causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?  Data of the PRINCIPAL CAU	MUSBAND of (or) WIFE of	The second decessed in
1 dey	5. DATE OF BIRTH (month, day, end year) Share 18 34	lest saw h alive on, 19, 19; death is sai
Neme of operation  State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  (Address)  19. Industry or business in which  work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  9. Industry or business of importance:  Other Centributery Causes of importance:  Other Cent	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
this occupation (month end year)  Other Contributory Causes of Importance:  Other Contributory Causes of Importanc	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tremoline Build.
this occupation (month end year)  Other Contributory Causes of Importance:  Other Contributory Causes of Importanc	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Clauf 6 ms + 15 days
12. BfRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. So, specify  12. Wes there en autopsy?  13. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. So, specify  12. Wes there en autopsy?  13. Name  14. Wes there en autopsy?  15. Memo of operation  What test confirmed diagnosis?  Wes there en autopsy?  20. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Dete of injury  Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)	this occupation (month end spent in this	grows or a
13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Neme of operation  Neme of ope		Other Contributory Causes of Importance:
What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Wester en autopsy?  20. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER  11 so, specify  11 so, specify  11 so, specify  12 If so, specify	13. NAME Herren C Herreman	
What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Westhere an autopsy?  20. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Dete of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER  (Address)  16. Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  (Address)  19. UNDERTAKER	14. BIRTHPLACE (city or town)	Name of operation
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER (Address)  20. If so, specify  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Neture of injury  19. UNDERTAKER (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)	(State of Country)	What test confirmed diagnosis? Wes there en autopsy?
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17. INFORMANT Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place State State Shows Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Neture of injury  19. UNDERTAKER Shows Specify Speci	(State or country)	
Place Trill Combete 1. 1. 9, 1934.  Neture of injury.  19. UNDERTAKER 2. 1. 1. 2. 24. Was disease or injury in any way related to occupation of deceesed?  (Address) . If so, specify		(Specify city or town, county and State)
(Address) . If so, specify	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Registrar. (Address)	20 Fylobil 19, 1934 Narry A War	(Signed) M.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car . 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago 51 1 E A D. V. S. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 103431
PALL WARREN	RATE LIMITS 4
County Meligany	Registration Dist. No.
Village or City Land (If	No. 320 St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	4/4
2. FULL NAME + rank Henry to	Whshman)
(a) Residence: No. 520 Queno T	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Yaar)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Chypheth Flockenstein	22 Man L /5 19 3 L to effort 16 19 5 K
6. DATE OF BIRTH (month, day, and year) Och 10 1869	I last saw han alive on april 16, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Nepatie Carennone
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country)	1.00
13. NAME John Hopsfromen)	
13. NAME A A A A A A A A A A A A A A A A A A	Name of operation. Page of
(State or country) Umany	What test confirmed diagnosis? The wask was there an autopsy? Mo
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or county).  17. INFORMANT Ugahth Halshman (Address)	Whare did Injury occur?
18. BURIAL, PREMATION, OR REMOVAL  DENCOLLER & Anna Lon Bate 1/1 20, 19 3 4	Manner of injury
19. UNOERTAKER Roming Stern 9 mg. (Address) Company	24. Was disease or injury in any way related to occupation of deceased? 110

20 FT Lower 19, 1934 Alexeny & Region Region of Marks are needed, address State R Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

te i	STATE OF MARYLAND	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	ISTUE OF
	County allegany Git	Registration Dist. No.
should of OCC	Village or Gity hear Dicardy End	
·= 9.		death occurred in a horpital or institution, give its NAME instead in treet and number)
NS ent	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign bigh?dsds.
Every CIANS tement	2. FULL NAME destie 6. Le	rus
	(a) Residence: No. Jucan dy	Ward.
	(Usual place of strate)	If nonresident give city or town and State
PECC PH xact	PERSONAL AND STATISTICAL PARTICULARS  3-SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
[ × [	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
ANE ACT ssifted	HUSBAND of (or) WHEE OF P. P.P.	22. I HEREBY CERTIFY. That I attended deceased from
X X A clas	Coma Recitacy	, 19, 19, 19
	6. DATE OF BIRTH (month, day, and year) May 18-1907	I last saw h; death is said
ed ed erl fica	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at almost. 7: P. M.
IS A PE stated E properly certificate	37 1 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
20	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER RODKKERER ALC.	Date of onset
<b> </b>	kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILLOR D.	Curled Chest, a 4/29/
K—T hould may back	work was dona, as SILK MILL Refores the SAW MILL, BANK, etc.	forill snoke mack 134
N is is	0 10. Data deceased last worked at 11. Total time (years)	Determination of
	this occupation (month and spent In this occupation	abdoman
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Conses of importance
AD ed.	(State or country)	autombolo Wrock
NF plie rm nst	II 13. NAME NOTATOL Remains	18 2 701
H NFA supplied in terms, See instru	13. NAME Novol Resident 14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in plai	15. MAIDEN NAME Rachael Barner	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
	[6] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide accident lande of injury 1/29 1934
NLY, oe car ATH hport	S (Stata or country)	Whara did injury occur? Deal lie langtenery
H H H H	17. INFORMANT	(Specify city or town county and State) Specify whether injury occurred in INDUSTRY, In HDME or In PUBLIC PLACE.
Should OF DE	(Address) Diearaly on of	
Sh Sh is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Gull Wreck
WRIT ation AUSE ION i	Place May 1, 19.3.4	Nature of injury Crushed Chert & Dutry
WRITH and the CAUSE TION is	19. UNDERTAKER Of the Stain of the	24. Was disease or injury in any way related to occupation of decaased?
m I O I	(Address)	Il so pacify
- (T)	26. Filestrel 30, 1934 Hanney Oring	Harrier Viger Jogal Legentra
4	Registrar.	(Address) Lisselle Land, 198
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

03432

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Rughery	Registration Dist. No.
Village of City Western Hort -	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 + 1/2	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME inform filsner	
(a) Residence: No. 4/8 W.d. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF BRATH!
OR DIVORCED (write the word)	193 4
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That it attended dacaased from
/ . /	1934 to cerus 2 1934
6. DATE OF BIRTH (month, day, and year)	I last saw Marm alive on Delloom , 1934; death is said
7. AGE Yaars Months Days Af LESS than / 1 day,hrs.	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	Cal Vita
S. Trada, profassion, or particular  Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceesed last worked et this occupation (month and	Thypeateen - 194
work was dona, as SILK MILL, SAW MILL, BANK, etc.	week mek
10. Data deceesed last worked et this occupation (month and spant in this	
year) occupation	
12. BIRTHPLACE (city or town) MISTERSHAM	Other Contribute Conces of importance:
(State or country)	Porinigrande age 30
13. NAME Coll Mesner	face presentation
13. NAME (3) HONE  14. BIRTHPLACE (city or John) U a holor from 1.	Name of operation forces delivery Date of
(State or country) W. A.	What test confirmed diagnosis? — Was there an au'opsy?
15. MAIDEN NAME Mamil South	23. If daeth was dua to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) W ( )	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT & Gal Kesner	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Unkland, and Date office 1924	Mannar of injury
Piece U Date Date 1, 1924	Nature of injury
19. UNDERTAKER J. S. O.S. Valy	24. Was disaasa or injury In any way releted to occupation of decaasad?
(Address) #Barton Mol	If so, specify
20. FILED Jpr. > 7, 1934 Chapentaker	(Signed) M. D.
Registrar.	(Address) Jacob W. V.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 Ř

BINDING	PERMANENT
OR	S
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT
	PLYINLY,
0.1	-WRITE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

1	1. PLACE OF				Giral Or DEATH	3434		
	County	Allegany	WIT	HIN CORPO	RATE LIMITS Registration Dist. No.	1		
		y Cumberla	nd Md			-/ Ward		
				(If	death occurred in a horpital or institution, give its NAME instead of street and	number)		
	Length of reside	ence in city or town where	death occurred	угзmos	sd. How long in U.S. if of foreign birth?yrsm	osds.		
:	2. FULL NAM	E Mr. Ge	orge A.	Kitsmill	er,			
	(a) Residence	e: No. Mt. St.	orm W. I	Zo.	St., Ward.			
a.e.e.		L AND STATIST		the second secon	If nonresident give city or town and	State		
3.		4. COLOR OR RACE	1	RIFD, WIDOWED.	21. DATE OF DEATH			
	Male	White		D (write the word)		. 1934		
_	. If married, widowad		1 447006	vea	(Month) (Day)	(Yaar)		
	HUSBAND of		2 2		22.   HEREBY CERTIFY, That I Atended	deceased from		
	, ,	Susan Blac	kburn,		april - 22 1934 to Gref. De	19.5%		
	DATE OF BIRTH (m			22, 1865.	I last saw how aliva on April 66, 194	_; daath is said		
7.	AGE Years		Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm.			
		0	4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as believes:	Date of priset		
NO	8. Trado, p:ofessi kind of wo	ion, or particular rk done, as SPINNER,	T		Chrome Myocardins	12/1/33		
ATE	9. Industry or bu	SOUKKEEPER, etc	Farmer	2	Milital Manificency	12/30		
OCCUPATION	work was o	ione, as SILK MILL, BANK, etc			- <del> </del>	-		
000	10. Date deceased this occupa year)	tion (month and	11. Total ti	me (years) nt in this upation				
12.	BIRTHPLACE (city (State or country	or town)	Virginia	·	Other Contributory Causes of importants.	4/1/24		
ER	13. NAME	uke Kitzmi	ller.					
FATHER	14. BIRTHPLACE ( (State or c	city or town)	t Virgir	nia	Name of operation	1/2		
E	15. MAIDEN NAM	E Mathilda	Dixon.		23. If daath was due to external causes (VIOLENCE) fill in also the following			
15. MAIDEN NAME Mathilda Dixon,  16. BIRTHPLACE (city or town) West Virginia  (State or country)					Accident, suicide, or homicide?			
17. INFORMANT Memorial Hispital  (Address) Cumberland Md.					Whare did injury occur?(Specify city or town, eounty and Sta Spacify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ne) ACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Meyser W. Vy Date Opr 29,192 Cy					Mannar of Injury	1		
19	. UNDERTAKER	J Stmar	pivoo;	J Sons	24. Was disease or Injury In any way related to occupation of deceased?	7/8		
20	FREESPIEL	27,194 Na	rung Al	New	(Signed) All Seggon	I mil		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

TION is very important.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:		
Constituto	May 1,1925	(mstrochierus	1 year	

ADDITIONAL S	SPACE F	FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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	'RIT	tion	USE	ON i	
10.1	=	ma	CA	LL	
V. 3. NO. 1	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	(	( CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03435
1. PLACE OF DEATH	PATE LIMITE 95-C
County Mygany	Registration Dist. No.
Village or City Controlland	No. 423 Sadependent St., 3 Ward
Langth of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME John Koll	
(a) Residence: No. 423 Fandshender	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowad or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaesed from
01001011	1934, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	l last saw h alive on
7.3 P 2.2 1 day,	The PRINCIPAL CAUSE OF DEATH end raiated causas of importance
8. Trade, profassion, or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
3 Industry or business in which	Iterio Sclerosio
TO Date decessed last worked et 11. Totel time (years)	
this occupation (month end year) occupation occupation	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Mr. Muse
II 13. NAME O Kala-	TON 1 y your states
13. NAME  14. BIRTHPLACE (city or town)	Nama of operation Data of
(Stata or country)	What test confirmed diagnosis? The have the factor of the state of the
15. MAIOEN NAME	23. If death was due to axtarnal causes (YOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ate of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Process of the Company Date Mary 16, 1934	Mannar of Injury
19. UNDERTAKER Jamo Stern gine	24. Was disease or Injury In any way related to occupation of deceased?
(Address) transfer of the	If so, specify (Signed)
Entroliela 19.7 Salvey Viera.	(Signed) J. W. Kullawa M. B. (Address) Visually and M. M. J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	i	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BEAFIVEDI	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	HAV 8 1934	July 5,1927	Peritonitis	3 days ago	
	BENEAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH,	
county Allegany WITHIN CORPC	PRATE LIMITS Registration Dist. No.
Village or City Cashartelland	No. 522 maryland and 5 Ward
	f death occurred in a horpital or institution. We its NAME instead of street and number)  3.
2. FULL NAME Storae Henry	Korns
(a) Residence: No. 521 marsle & a	St. 5 Ward.
(Usual dace of above)	St., 3 Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHIGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 1934
5e. If married, widowed or divorced	(Month) (Oay) (Yeer)
(or) WIFE of Farme In Colbert	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Lac 14 1856	I lest saw h. we elive on apref - 3 y , 19 34; death is sai
7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted ebove, et. 3 7 H-m.
77 3 20 1 day,	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8 Trade profession or particular A A A	Chronic nephretis, 2/1/3
kind of work done, as SPINNER. Wardenne Imploye	e musicardia beceretion 1/1/3
9. Industry or business in which	
SAW MILL, BANK, etc	
this occupation (month and out refer this yeer)	
1 1 1 1 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	2.
13. NAME Homy Komo	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there en aulopsy?
15. MAIDEN NAME Christiana Price	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jesse Kring. (Address Conduction)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Kne Thee ambate app. 6, 194	Neture of Injury
19. UNOERTAKER Lossio Stein 2 and. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
(11.0 = al. 1) - 1000	(Signed) Allalipasan M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

V. S. No. 1	70.1	4	MARGIN RESERVED FOR BINDING	大王の	EKVI	G	FOF	M M	NDI	5				1)	1	
N. H	N. BWRITE PLAINLY, WITH NEADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	VFADI	NG IN	IK-T]	HIS	IS A	PE	RMAN	ENT	REC	ORD.	Every	item	of ir	for-
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully s	upplied.	AGE :	pluods	pe	state	e E	XAC	TLI	7. P	HYSI	CIANS	shoi	ald s	state
(	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	n plain	terms, so	that i	t may	pe	prope	erly	classifi	ied.	Exac	t stat	ement	0 Jo	CCU	PA-
7	TION is very important. See instructions on back of certificate.	nt. Se	e instruct	ions or	1 back	of c	ertifi	cate.						1	1	1

1. PLACE OF DEATH	6 - 4 4 4	(103)	
County Add Light	gry.	Regist	tration Dist. No
Village or City / / / /	avage	Mo. death occurred in a hospital or institution, give its	St., Wa
Length of residence in city or town where	V () .		irth?mos
2. FULL NAME Hane	1. B. Sa	Jamen	
(a) Residence: No.	not some		
(a) Residence. No.	(Usual place of abode)		resident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
SEX 4. COLOR, OR, RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	! + //
hemale White	married	(Month)	(Day) (Year)
a. If married, widowed, or divorced	n. on	20.	
(or) WIFE of	. Jayman	1 HEREBY CER	TIFY, That I attended deceased fr
DATE OF BIRTH (seemble day and user)	X10 1911905	Last saw help / alive on Obstil	4 19.3 1; death is s
. DATE OF BIRTH (month, dey, and year)  AGE Years Months	Days If LESS than	to have occurred on the date stated above, et	1. (7)
28 3	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and relat	
8. Trade, profession, or perticular		were as follows:	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	L'ensewite	For Magnett	8/2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  20. Date deceased last worked et		XI till y y y y y y	
SAW MILL, BANK, etc.			
the occupation (my later and a first	11. Total time (years) spant in this		
year) Junets of	occupation 12 And	Other Coutributory Causes of importance:	7-1-2
2. BIRTHPLACE (city or town)	ryland)	~~~	
(State or country)	(m) 1 +	,	
13. NAME GIVEN TOWN.	Varvagivale		
14. BIRTHPLACE (city or town)	3	Name of operation	Dete of
- (Stete of Country)	carriana -	Whet test confirmed diegnosis?	Was there an autopsy?
15. MAIOEN NAME	ganun	23. If death wes due to external causes (VIOLE	ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Mukmeren	Accident, suicide, or homicide?	Date of injury, 19
(Stete or country).	1 10	Where did injury occur?(Specify	y city or town, county and State)
7. INFORMANT AND CONTRACTOR (Address)	haza ayman	'Specify whether injury occurred in INDUSTR'	Y, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	(KA/10 21)	Manner of Injury	
Place M. Zim Cernstery	Date Upril 8 , 1934	Nature of Injury	
9. UNDERTAKER ALL GAR	allow mo	24. Was disease or injury In any way related t	to occupation of deceased?
1/1/ 521/01	+a1500/8/1	(Signed)	titled

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	Example I	21	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEVELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 2 1934	July 5,1927	Peritonitis	3 days ago
	DIDEAL V. S			
Other contributory can	uses of importance:	Constant	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuular heart disease, Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

V. S. No. 1

AGE should be

4		6 0	A	9	1	٦
	r	. 1	4	3	1	1
1	ž.	C	1	0	4	,

1. PLACE OF DEATH	<u> </u>
County College HTHIN CORF	PORATE LIMITS Registration Dist. No.
Village or City Cullballand	No. 26 plenera Rive St. 6-2 Ward
	f death occurred in a hospite libr institution, give its NAME instead of street and number)  sds. How long In U. S. if of foreign birth?yrsmosds.
a sili	110
2. FULL NAME Slange of dil	
(a) Residence: No. 7 ( Usual place of abode)	St6 - 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH April 21 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
Margaret Contract	April 21, 1934, 10 April 23, 1934
6. DATE OF BIRTH (month, day, and year) Clarg 22-1876	I last saw h aliva on
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
5/1 / 29 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, B. D. 2 1	Carcinoma of 6 Mas
SAWYER, BODKKEEPER, etc. 9. tndustry or business in which	frostate;
work was done, as SILK MILL, BY 8. R.R.	
kind of work done as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and  11. Totel time (years) spent in this	
year) occupetion	Du - C - A - A - C - A - A - C - A - A - A
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	
II 13. NAME Kim rod Little	
13. NAME Took Zulle 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Relation Start 16. BIRTHPLACE (kity of town)	23. If daath was due to extarnal causes (VIDLENCE) fill In also the following:
5 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT n margarel Little (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, TREMATION, OR REMOVAL	Manner of injury
Place lose Hell and Dete 400 28, 1934	Nature of injury
19, UNDERTAKER Louis Stail Fre	24. Was disease or injury in eny way related to occupation of deceased?
(Address Andress Andre	If so, specify
20. Europe 27 1934 Harney Mens	(Signad) Gle O Vayelinger M. D.
20. Het Office 1. 1927 Startlife 1. Africant	(Address) Clisat Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	19	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Allegary	WITHIN CORPORT	(108)	Q
		Registration Dist. No	7
Village or City - restler	20	If death occurred in a hospital or institution, give it NAME instead	St.,Wa
Length of residence in city or town where d	eath occurredyrs,m	isds. How long In U.S. if of foreign birth?yr	of street and number) s(
2. FULL NAME Ellen	V. Lodgs	$\infty$ .	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city	t town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF	
4. COLOR OF RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 2	6 ,193 4
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of		(Month) (Da	***
		4-11- ,1934,10.4-1	
6. DATE OF BIRTH (month, day, and year)	atm/ 1864		, 193-4; death Is sa
7. AGE Yaars Months	Days If LESS than 1 day,hrs	to have occurred on the date statad abova, at	
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	mount	Jobo Mueno	Data of ons
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	at Home.	Government !!	
10. Date deceased last worked at this occupation (month end year)	11. Total time (yeers) spent in this occupetion	of both Bubbles: die	
12. BIRTHPLACE (city or town)	larrye and	Other Contributory Causes of Importancereins. not de	a to disfetes.
13. NAME George Lo	doen).		
14. BIRTHPLACE (city town)	and.	Name of operation	
15. MAIDEN NAME Anna /	71-1	Whet tast confirmed diagnosis? W	
16. BIRTHPLACE (city or town) (State or country)	and.	23. if daath was due to axtarnal causes (VIDLENCE) fill in also Accidant, suicide, or homicida? Dete of In	
17. INFORMANT Miss Elegal	the Godgens	Whare did injury occur?  (Specify city or town, collaboration of the specify whather injury occurred in INDUSTRY, in HOME, or In	unty and State) PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Attacks (um	1 Date apr 28, 1934	Manner of injury	
19. UNDERTAKER Louis fin	Inc.	24. Wes disaese or injury in any way ralated to occupation of d	eceased?
20. FILED 128 1934 Q	R. Hatker	(Signed) 4d f Agrada	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
A 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	11	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA.

quation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 193441
County Allegann it	Registration Dist. No.
Village or City Kiffee	
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Jacob Harrison &	ratevern y' ) 2
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE OR DIVORCED (white the yord)	21. DATE OF DEATH  April 13  (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) 2 1862	I fast saw h. LLL alive on TRUL 3, 193 4: death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at C 3 pm.
71 5 // lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related seuses of importance
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronis Myreardus - Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this corruption (month and	Probles Completed to
To. Date deceased last worked at this occupation (month and year)	
67.6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Perturb S. malcolm	
13. NAME Porter S. Malcolm  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Date of
15. MAIDEN NAME martha E. Ullum	What test confirmed diagnosis? A Market State - Was there an autopsy?
15. MAIDEN NAME Martha C. Ullery 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Amonda molcolm	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CROMATION, OR REMOVAL	and the second s
Place Making Chapa Cantale Copy 16, 19.34	Manner of injuryNature of Injury
19. UNDERTAKER AND Stern Dac. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. Fixed Les 16, 1934 Harrier V Mens	(Signed) A D. M. D.  (Address) 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
76	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	D.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	0.1
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

ä ż PHYSICIANS should state

of OCCUPA.

Exact statement

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH AA	CERTIFICATE OF DEATH	
County allegany	Registration Dist. No. 12	
Village or City Pridle and		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
(1) by 1 1 (1)	ds. How long in U.S. If of foreign birth?yrsmos,ds.	
2. FULL NAME Afflichall flam	ey.	
(a) Residence: No. (Usual place of abode)	/ St. Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 nd 193 / (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Many Logsdon Manual Corp. WHFE of Mary Logsdon Manual Corp.	22. Jaw. J. HEREBY CERTIFY, That I attended deceased from 1934	
6. DATE OF BIRTH (month, day, and year) about 13 1855	Hast saw h sur aliva on afail 2 - , 1974; death is said	1
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated shove, et 372 .m.	
ormin.	The PRINCIPAL CAUSE OF DEATII and related causes of Importance were as follows:  Data of onset	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this occupation (month and spent in this occupation (month and spent in this occupation).	arterio sclessia 1/1/31	
work was done, as SILK MILL, Coral Alune SAW MILL, BANK, etc		
10. Data deceased last worked at this occupation (month and fall) spent in this occupation was constant.		
12. BIRTHPLACE (city or town) State or country)	Other Contributary Canses of importance:	
# 13. NAME Stilliam Manley		
13. NAME Stallians Danley  14. BIRTHPLACE (city or town) (State or country)	Nama of oporation	
(blate of boardy)	What test confirmed diagnosis? Was there en eu'opsy?	
15. MAIDEN NAME Bridget Langham  16. BIRTHPLACE (city or town)  (State or country)  Saland	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	
17. INFORMANT Duag Catherine Pranley (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL Place It Michaella Cenutry Data April 5, 1934	Manner of injury	
19. UNDERTAKER M. Caighhorn (Address) maching Jus.	24. Was disease or injury in any way related to occupation of decaased?	
20. FILED. Cefav. 4th 934 R. Registrar.	(Signed) M. M. Correnatt  (Address) Christand - Manylund	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H 1936	40		/
Other contributory causes of importance:	TOTAL PORTS	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF County	legam	WITHIN CORF	ORATE LIMITS (32)  ORegistration Dist. No.	-
Village or Cit	,	terland	No Note of Manual St., 6 - Old death occurred in a hospital or institution, give its NAME instead of street and nu	ー ツ
2. FULL NAM	ince in city or town where	death occurred O yrsn	osds. How long in U.S. if of foreign birth?yrsmos	
(a) Residence	0 1	(Usual place of prode)	## Ward.  If nonresident give city or town and S	State
PERSONA	L AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hmole	4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED, OK DLYORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	193(Yes
5a. If marriad, widowad HUSBAND of (or) WIFE of	Im!	mc Sound	22. HEREBY CERTIFY That I attended dy	ceased
6. DATE OF BIRTH (m	onth, day, and yaar)	ms 1848		daath i
6. DATE OF BIRTH (m  7. AGE Years  8. Trada profession	Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, at	
8. Trada, professi	on or particular	ormin.	ware as follows:	Data o
kind of wo	k done, as SPINNER, OOKKEEPER, etc.	Imsinke	Quantity of 2000	128
9. Industry or bu		171	The state of the s	19:
	BANK, etc.	It some		
	tion (month and	11. Total tima (yaars)		
12. BIRTHPLACE (city	or town)	occupation	Othar Contributory Causes of importance:	
(State or countr	1	courter.		
	-		140	
14. BIRTHPLACE (		·	Name of operation Date of Date	
		3	What test confirmed diagnosis? Climasel Was there an au	opsy?.
H		3	23. If death was dua to external causes (VIOLENCE) fill In also tha following:	13
16. BIRTHPLACE (CState or c			Accident, suicide, or homicide? Date of injury Whare did injury occur?	, 19.
17. INFORMANT (Addrass)	so fao. /	uch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	ε.
12-17	N, OR REMOVAL	20 Date 4/14, 1934	Manner of injury	
19. UNDERTAKER(Addrass)	mis St	in Ira	24. Was diseasa or injury In any way related to occupation of deceased? Loc	)
20. Miskeul	13,19340	January Miller	(Signed) me saluers	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	THE PARTY OF
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1.

19. UI

20. FI

STATE OF MARYLAND	CERTIFICATE OF DEATH 03444
PLACE OF DEATH	107-0
County allegany	Registration Dist. No.
Village or City Mt. Sahage	No. St, Ward
Length of residence in city or town where death occurred yes	chath occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	willer.
	St., Ward.
(a) Residence: No. (Usual place of above)	St., Walt.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nerite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
married, widowed, or divorced HUSBAND of OOT) WIFE of Bertha Willey.	22. I HEREBY CERTIFY. That I attended deceased from 4-18-1934 to 4-23-1934
TE OF BIRTH (month, day, and year) Worll 12, 1861	I last saw h walive on 4 - 23 - 193 9; death is said
Years Months Days of LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade, profession, or particular kind of work done, as SPINNER, Engine Hostler.	Browcho Preumasez
9. Industry or business in which work was done, as SILK MILL, Carboad Gards SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and year) 19.32 11. Total time (years) spent in His occupation 20	
RTHPLACE (city or town) Dravoabura (State or country)	Other Contributory Causes of importance:
3. NAME George Willer	44,
4. BIRTHPLACE (orty or town) amuse	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
5. MAIDEN NAME many Elizabeth Sorg	23. If death was due to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town) (State or country)	Accident, suiside, or homicide? Date of Injury, 19
FORMANT George Frederick Wills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Out. Savage	
Place Eliscopal - Tut Sanas Date apr 26 1934	Manner of injury
NDERTAKER Sacol Hafer.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frostly w	If so, specify (Signed)
LED 19 Rogistrar.	(Address) Mit Faut g
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PERREAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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>	V. S. No. 1	MARGIN RESERVED FOR BI	ERVED	FOR	BI
ż	N. B.—WRITE PLAINLY, WITH FFADING INK-THIS IS A PER	WITH KFADING II	NK-THIS	IS A B	E
	mation should be car	mation should be carefully supplied. AGE should be stated E	should be	stated	M
	CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly	it may be	proper	1

	STATE OF MARYLAND—C					CERTIFICATE OF DEATH	03445
1	1. PLACE OF DEATH WITHIN CORPC					DRATE LIME	00440
	County	lleg.	and	7		Registration Dist. No.	4
	Village or City	Curp	lid	rlan	-d		6 / Ward
	Length of reside	nce in city or town	where deat	h occurred		death occurred in a hospital or institution, give its NAME instead of street a	
		(). Li' 1	2/ -	200	40000		
ľ	. FULL NAM			11/0	recun	St. Ward Slanesville	m 2.
	(a) Residence	: No		(Usual place	of abode)	St., Ward. Standard If nonresident give eity or town	and State
	PERSONA	L AND STA	TISTIC.	AL PARTI	CULARS .	MEDICAL CERTIFICATE OF DEATH	1
	Male	White	E 5.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	.,,
	Mare	WILL GO			Stillborn	(Month) (Day)	(Yaar)
5a.	If married, widowed HUSBAND of	, or divorced				22. I HEREBY CERTIFY, That I attent	led deceased from
	(or) WIFE of						19
6.	DATE OF BIRTH (me	onth, day, and year)	A	pril 1	, 1934	I last saw h aliva on	; death is sald
-	AGE Years	Mon		Days	If LESS than	to have occurred on the date stated above, at 8-257m.	
	Stillbor	n			l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
z	8. Trade, profession	on, or particular k dona, as SPINNI	D			f.f. p.f.	Date of office
110	SAWYER, B	OOKKEEPER, etc.,	-11,			Tilf Born	
UPA	9. Industry or bu work was d	ona, as SILK MILL BANK, etc			-		
OCCUPATION	10. Date deceased			11. Total ti	ime (years) nt in this		
	yaar)			- OCAL	upation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city	or town)	fear.	leer	ando	Other Continuory Causes of Importance.	
	(State or countr	y)	1		ma		
HER	13. NAME	Morelan	d, D	orie			
FATHER	14. BIRTHPLACE (	city or town)				Name of operation Date (	of
-	(State or co	(State or country) West Virginia				What test confirmed diagnosis? Was there	an au'opsy?
HER	15. MAIDEN NAME	Alki	re,	Doroth	У	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
MOT	16. BIRTHPLACE (		137.00	t Virg	ว่ากร้อ	Accident, suicide, or homicide? Date of injury	, 19
-	(State or c					Where did injury occur? (Specify city or town, county and	State)
17	. INFORMANT	Memor Cumbe	ial r land	Hospit	al	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC	PLACE.
18	BURIAL, CREMATIO		00			Manner of injury	
	Place Silv	muril	eg	Date 4-	2- ,1934	Nature of injury	
10	. UNDERTAKER	1 18	28	11	/	24. Was disease or injury in any way related to occupation of deceased?	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19	(Address)	- L	200	hoken	U1. 1/9	If so, specify	
100	luber =	2 1934	Has	news	4 Mein	(Signed) Bailey Sunte	M. D.
1		,			Registrar.	(Address) / Nashinghan	4,
nI	er		f more bla	nks are needed.	address State Registrar	241 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

z Dr. Hur

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	Example II		
Date of onset	The principal cause of death and related causes Date of on of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE County Allegany Registration Dist. No. Village or City Cumberland No. Memorial Hospital St., 6 T/ How long in U.S. if of foreign birth?\_\_\_\_ Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. If nonresident we city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Apri (Month) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of 22. EBY CERTIFY, Jhat Lattended deceased from (or) WIFE of April 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months to heve occurred on the date stated above, at 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc .... 11. Total time (years) spent in this 10. Date deceased last worked at this occupetion (month end occupation \_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) \_\_\_. (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Cumberl 18- BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury 19. UNDERTAKER (Address) If so, specify Registrar (Address)

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Example I	j	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECELVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Galistones	May 1,1923	Gastroenteritis	1 year	
			-	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		<b>3</b>		
County allegans		Registration Dist. No.		
Village or City Lower com		NoSt.,Ward		
Length of residence in city or town where deeth o	1/	If death occurred in a hospital or institution, give its NAME justead of street and number)  s		
fra 10	0 0			
2. FULL NAME SALLOOM	Med			
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH		
Finale White S	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)		
5a. If married, widowed, or divorced HUSBAND of	/	22. I HEREBY CERTIFY, Thet I attended deceased from		
(or) WIFE of				
6. DATE OF BIRTH (month, day, end year)	18 1934	I last saw h alive on		
7. AGE Years Months	Deys If LESS than 1 dey, hrs.	to have occurred on the data stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance		
8. Treda, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	el born y	Date of one of the state of the		
work wes dona, es SILK MILL, SAW MILL, BANK, etc	11 Tatal time (was			
this occupetion (month end	11. Total time (years) spent in this occupation			
2	Occupation and a second	Other Contributory Causes of importence:		
12. BIRTHPLACE (city or town) (Steta or country)	A			
13. NAME JOHANNE		T		
13. NAME  14. BIRTHPLACE (city or town).	Many many	Name of operation Date of		
(Stata or country)		What test confirmed diagnosis? Was there an eutopsy?		
# 15. MAIDEN NAME Elta may In	wishling	23. If death wes due to external causes (VIOLENCE) fill in elso tha following:		
15. MAIDEN NAME ELLA Way IN		Accident, suicide, or homicide? Data of injury19		
E (State or country) Permuyla	mia	Where did injury occur?		
17. INFORMANT James Will (Address) Longery	had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PIECE AL DE	14/8 1934	Manner of injury		
19. UNDERTAKER Jame Micel (Address) Sanala	(facher)	24. Was diseese or injury in any way releted to occupation of deceesad?		
20. FILED 4/18 , 150 4 5, 0	Persona.	(Signad) [May M. J. J. J. J. J. J. M. D. (Address) And account M. D.		
70 11 1	11 11 6			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Noff.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

F	SIS	st
17	HI	þ
A WITC	NK-T	should
यवय	NG II	AGE
MARGIN RESERVED F	N. B.—WRITE PLAINLY, WITH FADING INK-THIS IS	mation should be carefully supplied. AGE should be sta
4	WITH	efully s
	NLY,	e car
	PLAI	d bluor
7.00.7	-WRITE	mation sl
n n	a,	
	z	

V. S. No. 1

STATE OF MARYLANDING ERTIFICATE OF DEATH 03448					
1. PLACE OF DEATH	93-0				
County Alegany. City LIT	Registration Dist. No.				
Village or City Sandard	No. Shring Gall St., Ward				
Length of residence in city of town where death occurred	death occurred in a horpital or institution, we its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmos,ds.				
2. FULL NAME Amanda hold	nd. h. n. 10.				
(a) Residence; No. (Usual place of abode)	St., Ward. After sive by or took and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word	21. DATE OF DEATH 16 (Month) (Day) (Year)				
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clasha Archand.	22. I HEREBY CERTIFY. That ettended deceased from				
6. DATE OF BIRTH (month, day, and veer) Afrond 1851	Chast saw har alive on alial -1/5 - 1984; death is said				
7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated phove, at 3 4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance				
White 8 or min.	were as follows:				
8. Trade, profession, or particuler kind of work done, as SPINNER, Amskurd SAWYER, BOOKKEEPER, etc.	Chronic Ingocardetis				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end this corpusation (month end this scenation this securation).					
TO. Date deceased last worked et this occupation (month end year) spent in this occupation occupation					
12. BIRTHPLACE (city or town) Creshow M. M.	Other Contributory Causes of importance:				
(State or country)	arthes debleson				
14. BIRTHPLACE (city or town)	Name of operation Date of				
(State of Country)	What test confirmed diegnosis? March Agreef was there en autopsy? Two				
15. MAIOEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:				
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Oate of Injury, 19				
17. INFORMANT PANO A J. Inc Calley C. (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury				
Place Jany John Elmotate M. 18, 1934	Nature of Injury				
19. UNOERTAKER Loris Spein Inc	24. Was disease or injury in any wey related to occupation of deceased?				
(Address) amfigland	If so, specify				
20. Filesphel 19, 1934 Warrey A Orene	(Signed) Lagrand Marrie M. D.  (Address) Les Salando M.C.				

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
`	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PLAINLY, WITH FFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	CIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NENT RECORD.	CTLY. PHYSIC	ified. Exact stat	
IS IS A PERMAI	be stated EXA	e properly classi	of certificate.
ADING INK-TH	ed. AGE should b	s, so that it may h	TION is very important. See instructions on back of certificate.
Y, WITH AF.	carefully supplie	IH in plain terms	ortant. See inst
-WRITE PLAINI	mation should be	CAUSE OF DEAT	TION is very imp
N	I	)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03449
1. PLACE OF DEATH	(15-0)
County Allegany . WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Consterling.	No. 703 Fagette St. / Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Frances	Sutt
(a) Residence: No. 703 Famethe	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED, WIDGWED,	MEDICAL CERTIFICATE OF DEATH
or Divorced (white word)  Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. // HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 12 1928	I lest sew h alive on All 2 7 19 24 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Am.
6 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	O de al detti
9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Made water Maule!
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Come and And.	Other Coutributary Causes of Importance:
13, NAME Cristally Smith	Infected lette & laurez 2492
14. BIRTHPLACE (city or town) Commercian (	Mars
(Stete or country)	What test confirmed diagnosis WMCAL Was there an autopsydit
15. MAIDEN NAME Emma Fire Juise	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?- Date of Injury, 19
17. INFORMANT Cristopher Brutt	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAY CREMATION, OR REMOVAL  LINE FALLY TO LE COMP Dete Mars 27, 1934	Manner of injury
19. UNDERTAKER Louis Stein 9rc. (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
Consolid 26, 1934 Harney H. Meices. Registrar.	(Signed) M. D.  (Address) M. D.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BHOFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

See instructions on back of

TION is very important.

(Address)

certificate.

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH 03450	
1. PLACE OF DEATH	PORATE LIMITS (9)	
County allegany WITHIN CON	Registration Dist. No.	-
Village or City Comberland (If	No. 453 Column St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)	t
2. FULL NAME John J O'Rouck		j.
(a) Residence: No. 453 Columbia (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 95) 4. COLOR OR RACE OR DEVORCED (write, the word)	21. DATE OF DEATH (Month) (Day) 193 (YEar)	
5a. If married, widowed or divorced HUSBANO of (or) WIFE of many Cramer	22. I HEREBY CERTIFY, That I attended deceased from	n
6. DATE OF BIRTH (month, day, and year) July 21 1869	t last saw h alive on Affin 6	d
7. AGE Years Moorths Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at	-
8. Trade, profession, or particular kind of work done, as SPINNER, Amsumife	afflety 4.3.3	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		-
O To Date deceased last worked at this occupation (month and year) this occupation (month and year) the this occupation this occupation this occupation		-
12. BIRTHPLACE (city or town) (State or counter)	Other Contributory Canass of importance:	
1 1000	J. Wishell	-
13. NAME ACCE (city or town) 9 related 14. BIRTHPLACE (city or town) 9 related 15.	Name of operation Date of Was there an autopsy?	-
15. MATCHARD (city or town) Ordand  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
State or country)	Accident, suicide, or homicide?	
17. INFORMANT Chamberles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OF REMOVAL Place of Removal	Manner of injury	
19. UNDERTAKER Lossis Stein Ina	24. Was disease or injury in any way related to occupation of deceased?	

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

AUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

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Exact statement of OCCUPA.

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N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH ## 103451
1. PLACE OF DEATH WITHIN CORPO	DATE LIMITED (B)
County allegan	Registration Dist. No.
Village or City Comberland	No. 138 Summon St. 6-2 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred. 4 yrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos ds.
2. FULL NAME Immas y under	gral.
(a) Residence: No. 138 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Smale Mante ORDIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cor WIFE of Roadsell Roman	22. HEREBY CERTIFY That I attended deceased from
Charles 10	Llast saw alive on Light 1519 5 4 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw have alive on the date stated above, at 110 mm
1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER V VO	sassular Gisasse
kind of work done, as SPINNER  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this security in this security in this security in this security in the secur	Chronic Myocarditie
SAW MILL, BANK, etc	Cheorie diffuse nepholitia; duration fif-
this occupation (month and year)	teen years. Conf. of
0 1	Other Coutributory Couses of importance:
12. BIRTHPLACE (city or town) (State og country)	C MC T
E	Name of operation
[State or country]	What test confirmed diagnosis? Was there an autopsy?
E 15. MAID wary malarkey	23. Il death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (gov or town)	Accident, suicide, or homicide?
(State or country)	Whore did injury occur?
17. INFORMANT John a Pendugasa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Constitud	
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
After latinettes Com Date of 19, 1937	Nature of injury
19. UNDERTAKER Lower Stew Inc	24. Was disease or Injury In any way related to occupation of deceased?
(Address) emply land	If so, specify
20 Marries 16 1134 Warney & Man	(Signed) (Address) Canterley Me.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	.3 days ogo
DEBEAT V. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH 100C County The Do Jo should Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS \_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in city or town where death occurred mos... statement RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) EXACTL (Day) (Month 5a. If married, widowed, or divorced HUSBAND of 22. EBY CERTIF That I attended decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Months Days to have occurred on the date stated above, at stated 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. jo SAWYER, BOOKKEEPER, etc.. should may back 9. Industry or business in which work was done, as SiLK MiLL, SAW MILL, BANK, etc.\_\_\_\_ on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation \_\_\_\_\_ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) supplied. (State or country) terms. FATHER 13. NAME See Name of operation plain (State or country) should be carefully What test confirmed diagnosis? ----- Was there an autopsy?. MOTHER very important. 15. MAIOEN NAME in 3. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION OR Manner of Injury -WRITE CAUSE mation LION Nature of Injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) If so, specify M (Signed) 20. FILEO. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Pcritonitis	3 days ago	
Building				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WITH

B.-WRITE PLAINLY,

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PHYSICIANS should state Exact statement of OCCUPA-

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03453
1	1. PLACE OF DEATH	PORATE LIMITS (23)
	County Allegaces	Registration Dist. No.
	Village or City Leebels fand (IF	ND. 446 Cycle St. 6- 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	4 . 74/2	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Leneviere // /Ce	ell
	(a) Residence: No. (Usual place of abode)	St. 6 - VWard.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DETORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended daceasad from
e.	6. DATE OF BIRTH (month, day, and year) Febr. 12 1917	I last saw h ey aliva on 4 - 10 - 19 7 death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:15 h
certificate	17 1 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
of cer	8. Trade, profession, or particular kind of work dona as SPINNER, SAWYER BOOKKEPPER etc.	Data of onset
back	9. Industry or business in which	Juliany &
on	work was done, as SILK MILL, SAW MILL, BANK, etc	Julevenesso Ru
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ıstrı	E 13. NAME Walter H Real	
See in	14. BIRTHPLACE (city or town)	Name of operation
	I 15. MAIDEN NAME BOARE O Cor loot	What test confirmed diagnosis? If Ly 4 diwias thera an au'opsy? No
mportant.	16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
Cri	(State or country)	Where did injury occur? (Specify city or town, county and State)
4	17. INFORMANT Valter A Real And	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
l is very	18. BURIAL, CREMATION, OR REMOVAL Place Aucock Manage apr 13, 1934	Manner of injury
TION	19. UNDERTAKER Porcis Steet duc	24. Was disaase or injury in any way related to occupation of deceased?
	(Address) Cumpylaced MO	If so, specify
7	20. Fleogral 1.2., 1034 Marsey A. Diena. Registrar.	(Address) William A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Auro S. An Rec Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsot	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

plnods Registration Dist. No. Village or City (If death occurred in a horpital or institution vive its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. If of foreign birth? \_\_\_\_\_\_yrs. statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY, Thet I attanded decaused from (or) WIFE of 白 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at ... 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased lest worked et on 11. Total time (years)
spent in this this occupation (month end that vear) occupation \_ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) supplied terms, 13. NAME OSC FAT 14. BIRTHPLACE (city or town). plain (State or country) efully What test confirmed diagnosis?. ..... Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: car Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? \_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR Menner of Injury CAUSE mation LION Nature of Injury. 24. Was disaase or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

OCCUPA-1. PLACE OF DEATH item RECORD. PERMANENT VFADING -WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

OCCUPA-1. PLACE OF DEATH Jo bluods County Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its ) AME instead of street and number) Length of residence in city or town whate death occurred. statement How long in U.S. If of foreign with? vrs. mos. PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4.. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH DIVORCED (write tha word PERMANENT CTL classified. (Month) (Year) 5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of 22. HEREBY CERTIFY, That I attanded dacaased from V × 回 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at\_\_\_\_\_ 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Jo back may should 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... fO. Date daceasad last worked at no ff. Total tima (yaars) this occup tonemonth and that spent In this instructions occupation \_\_\_ Othar Contributory Causes of Importance: 12. BfRTHPLACE (city or town) (Stata or country) supplied. terms. FATHER f3. NAME See plain 14. BIRTH/LA/CE (city or town) Name of oparation e.carefully (State or country) What test confirmed diagnosis?\_. ----- Was thera an autopsy?----MOTHER important. 15. MAIOEN NAME In 23. If death was due to external causes (VIOLENCE) fill in also the following: f6. BIRTHPLACE (city or town) DEATH Accident suicide or homicide (State or country) Where did Injury occur? (Specify city or town, sounty and State) Specify whether injury occurred in INOUSTRY, in HOME, of in PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) f8. BURIAL Manner of Injury CAUSE mation LION Natura of injury f9. UNOERTAKER 24. Was disease or injury in any way related to occupation of decaased? (Addrass) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

IFICATE OF DEATH

STATE OF MARYLAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 03456
1. PLACE OF DEATH  County Alexandry  Village or City Frostland	(93%)
County alegany	Registration Dist. No.
Village or City Tribbling	(If death occurred in a hospital or institution, give its NAME indead of street and number)
Length of residence in city or town where death occurred 0-yrs.	mosds How leng in ti.S. if of foreign birth?yrsmosds.
2. FULL NAME Same Robert	
(a) Residence: No. 6 & Obroadwa	Y St., Ward
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	
Female Yolato OR DIVORCED ( zorite)	Ne word) 3 193 4 (Mostly) (Day) (Year)
5a. If married, widowed, or divorced IIUSBAND of	
(or) WIFE of Christophe Rober	1 HEREBY CERTIFY, That I attended deceased from 1934 to 0 1934
6. DATE OF BIRTH (month, day, and year)	47. Hast saw h. A. aliva on A. 12 19.3 & death is said
	ESS than to have occurred on the date stated above, at 1. P.m.
	his. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular As	O Sorile ortenoscleurs Date of onact
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	no protordial degleration
9. Industry or business in which work was done, as SILK MILL, at How	e Suite Comme
11. Total time (year	(s) Cordeal failing
and address (month and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Country) Custas er country)	Other Controdory Cases of hippitanes.
(State or country) England.	
14. BIRTHPLACE (city or town) Common	•
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CLUBUS (City or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
Polistables Polis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 41 W- Wan St. 7100	thursty d
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place those fill timb? Days Upr 15	Nature of Injury.
19. UNDERTAKER Jacob Hafer.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) (Frostling the	If so, specify 11 so,
20. FILED 7/15 , 19 \$ 4 Clike. 11 als	(Signed) W. O. M. D.
	ac Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Armonia.	Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstilial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1934	July 5,1927	Perilonitis	3 days ago
	BOXEAU V S	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

03457

BINDING	
FOR	
RESERVED	
MARGIN	

N. B .- WRITE PLAINLY, WITH WIFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

County allegany County WITHIN CORF	PORATE LIMITS Registration Dist. No.
and the same of th	All. 90/2 16'TA
Village or City Cumberland Mil.	death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	
2. FULL NAME William Seeders.	
(a) Residence: No. Treenspring M. Va	. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED,  White Married (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. It married, widowed, or divorced HUSBAND ot (or) WIFE of Carla Seeders.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 10 1898	I last saw h. Mar. alive on a find 54 193 & death is said
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 1:00 Q m
·21 XX, 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
2 Code molecon or particular	were es tollows:
8. Trade, rofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant	continue into runnium
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation (Month and occupation / Oyro	
12. BIRTHPLACE (city or town) Nameshire County	Other Contributory Causes ot importance:
(State or country)	***************************************
13. NAME Robert Suleral	
h 1. 1. 1.	
(State or country)	Name of operation
21	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary rable	23. If death was due to external couses (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Nampshire Canty	Accident, suicide, or homicide? Date ot injury
(Slate er country)	Where did injury occur?
17. INFORMANT C. Co. Blackburgar	(Specify city or town, county and State) Specity whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Tuenspring, W. Va.	
000 1100	Manner of injury
Place Many any file. La Date 7 - 27+, 1934	Nature of injury
19. UNDERTAKER Ty fund July 16 How (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. Forfarel 25, 19. 8 + Harry & Mica	(Signed) M. D. (Address) 12 - Auf Frd A
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find ont the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 8 1024			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

\ I	Н	00300

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U3458
EATH WITHIN COR	POPATE LIMITS Registration Dist. No.
wherland	No Merce Mard Mard St., 6 / Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town/where seath occurred yrs m	ds. How long in U.S. if of foreign birth?mosds.
0. (Usual place of abode)	St., Ward If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE  5. SINGLE, MARRIND, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mgr(h) (Day) (Year)
divorced	22. I HEREBY CERTIFY That I attended deceased from 19 1, to 19 1,
n, day, and year) Upr/5/93  Months Days If LESS than 1 day,	I last saw h alive on, 19; death is said to have occurred on the date stated above, at, m,  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
or particular one, as SPINNER, KKEEPER, etc.	were as follows:  Date of onset
ess in which , as SILK MILL, NK, etc	(5-mas foetus)
ocrupation ocrupation	Other Contributory Causes of Importance:
gene P. Dipes	
or town) Little atleans, ma,	What test confirmed diagnosis? Was there an au'opsy? No
or town telk Grove md,	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
Eugene P. Dipes Feitle Orland mo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
arial tagete 4-15-13	Manner of injury  Nature of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) [

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully because retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a erk.

Statement of cause of death.—Caus. of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH

1 PLACE OF DEATH	CERTIFICATE OF DEATH 03459
County Military	Registration Dist. No.
Village or City Issually 100	No. Allegans Grantal St, 4 Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution five its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?
2. FULL NAME William / K	lister
(a) Residence: No. (Usual place of abode)	St., Ward. Hyndman, O  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED,  OR DIVORCED (*write the word)  The word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attandad deceased from  4 - 12 3 4 19 10 4 - 13 - 19 3 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  H LESS than 1 day,hrs. ormin.	I lest saw h As alive on 4 3 34, fg.; deeth is said to have occurred on the date stated above, at 10 50 mp.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Date of onset 4-12-34
9. Industry or business In which work wes done, as SILK MILL.  SAW MILL, BANK, etc  10. Date dacaased last worked et this occupation (month and year)  10. Date dacaased last worked et this occupation.	Occident. Stad for felh on Land, while working on Pa. State Highway and
12. BIRTHPLACE (city or town) (State or country)	1 Milionary ellera 4.12.34
f4. BIRTHPLACE (city or town)	Name of operation Date of Part of West hard an autopsy?
15. MAIDEN NAME Besse Lowery  6. BIRTHPLACE (city or town)  (Stete or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Procedents Dete of injury 4-7-, 1934.  Where did injury occur? on Par State Rond; at work.
67. INFORMANT Charles Sister (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  on Lighway.
18. BURIAL, CREMATION, OR REMOVAL Pleca Hynglinan Condete Rep. 16,1934	Mannar of injury Struck by falling steel for.  Nature of Injury Carabral locaration.
19. UNDERTAKER Lannie Sten Ine (Address)	24. Was disaasa or Injury In any way related to occupation of decaased?
20. FIREDERIL 16, 1934 Barrey A Preiserar.	(Signed) M. D.  (Address) Charles Dock, M. D.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V. B.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03460
1. PLACE OF DEATH	(200-al)
County alla sarry	Registration Dist. No.
Village or City Year Florthing	No. S., Ward
Langth of residence in city or town where daath occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. N of foreign birth?
2. FULL NAME W= Sunit	to the second second
(a) Residence: No. Keyser of, Vo.	St., Ward.
(Usdal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Will L
mark Colored Single	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad  HUSBAND of  (or) WIFE of	22.   HEREBY CERTIFY. Thet I attanded decaased from
6. DATE OF BIRTH (month, day, end year) Unknown	last saw h. Slive on t a l light death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7J - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and raletad causes of importance wera as follows:
Is 9 Teads martisular as particular	not supposed to be due to, injury by train.
kind of work done, as SPINNER, duknown SAWYER, BOOKKEEPER, etc.	I matival granses flewigh
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Jours ord
10. Date decaased last worked at this occupation (month end spent in this	mean R.R. track
year) occupation	Other Coutributory Causes of importance:
tz. BIRTHPLACE (city or town). Tof Paroun	
# 13. NAME Tot known	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was thara en autopsy? Dio
15. MAIDEN NAME NO Rusum	23. If daath was due to external couses (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	-Accident, sulcide, or homicide?
State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT CARD TO CARD TO THE CARD TO	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Keyper 19. la Data agn 5, 19-34	Natura of injury
19. UNDERTAKER & T. DWIST	24. Was disease or Injury In any way ralated to occupation of deceased?
(Address), Justine	If so, specify
20. FILED 4 1934 CCM. Stalker Registrar.	(Signed) M. B. (Address) As Council M. B. (Address) M. B.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arterioselerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03461
f ind st CUF	1. PLACE OF DEATH	TE LINEAR 201-P
pino Divo	County allegant	Registration Dist. No.
sh of	Village or City Chamberland	No. Molecured in a horpity or institution, eve its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrs,prys	ds. How long in U. S. if of foreign birth?
Every	2. FULL NAME Ilmas Henry SI	hisa
RD.	(a) Residence: No. Mullim St. Maple.	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LXI.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 193 4
MANEI A C T assified	Sa. If marriad, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
A A ass	(a) With Korns	22. I HEREBY CERTIFY. That I attanded deceased from
PERM EX. ly cla	6. DATE OF BIRTH (month, day, and year) aby 9-1893	I last saw h. Am alive on Clark 19 3 death is said
od I erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A I stated properl	41 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
be be poly of ce	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER atc.	Fireture of Sheel Date of speed
-		arter sever ons of fueles 2000
VK-T should it may n back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
E E TO	10. Data deceased last worked at this occupation (month and yaar)	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ed. S, S	(State or country)	Custo
NF oplic erm inst	13. NAME W - Springs	
y supparain te	14. BIRTHPLACE (city or town)	Name of operation Date of
生音音.	(State of County)	What test confirmed diagnosis? Type of the way as there are autopsy?
refr W	15. MAIDEN NAME Bertla Orece	23. If death was due to external cause (VIOLENCE) fill in also tha following:
INLY, W. be carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicides Date of Injury Date
II. E. be	17. INFORMANT Buth Springs	Where did injury occur? (Specify city or town, county and blade Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PL.	(Address)	Publish in House of in House, or in Public Have.
S S S	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Car
WRIT lation AUSI ION	Place 11 free fact Care Date 42 6 ,1934	Natura of injury. Accident
mation s CAUSE TION is	19. UNDERTAKER Our berland Med.	24. Was disaasa or injury in any way ralated to occupation of daceasad?
z (T)	26 Hersel 6 , 103 of Barrey N Marcal Registrar.	(Signed) Charles (Adarass)
		2411 N. Charles treet, Baltimore, Requesting S. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of infor-

	1. PLACE OF DEA	THE O			93-2	7.53 / 19.64	Dr. Tr	UJ4U2 evagri
	CountyA	lllegany	W	ITMIN OORP	ORATE LIMITS	Registration	Dist. No.	4
	Village or City C		d. Md	(11	No. Altegany I	lospita.	L St., E instead of street :	and number)
		A (7.		yrs,mos	ds. How long in U.S. If o	f loreign birth?	yrs	mos,ds.
1	2. FULL NAME		turtz.			0	, ,	10- 0
	(a) Residence: No	315 1	(Usual place	odall od abode	St., 6-2/Ward.	Il nonresident	give city or town	Mo
patric	PERSONAL AN	D STATISTIC	AL PART	ICULARS	MEDICAL C			
3.		White	S. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Apri.	1. 14th	.1934 (Year)
5a.	. II married, widowed, or dive HUSBAND of Head (or) WIFE of Head	nry Stur	tz		1 HEREBY	- William		
6.	DATE OF BIRTH (month, da	v. end year) Fel	b. 13.	1861	I last saw he alive on	cpr	1 7 199	death is said
	AGE Years	Months	Days	If LESS than	to heve occurred on the date state	d above, at 3.1	em .m.	29., 000 10 02.0
	73	2	1	l day,hrs.	The PRINCIPAL CAUSE OF DEAT were as Ioliows:	'H and related caus	es of Importance	10.4
OCCUPATION		as SPINNER, PER, etcA	t Home		Chronic	myo	cardi	Date of onset
UPA	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL,						
000	10. Date deceased lest wo this occupation (mo year)	rked et nth and	spa	time (years) ent in this supation				
12.	. BIRTHPLACE (city or town) (State or country)			Germany	Dther Contributory Causes of impo	rtance:	roers	
EB	13. NAME Her	man. Bri	ckwav		0000			1/2/0
FATHER	14. BIRTHPLACE (city or to (State or country)			Germany	Name of operation			31
ER	15. MAIDEN NAME	Dont Kn			23. If death was due to external cau			
15. MAIDEN NAME DONT KNOW  16. BIRTHPLACE (city or town)  (State or country)					Accident, suicide, or homicide? Where did Injury occur?			_
17.	INFORMANT W.M. e. (Address)	H.Sturtz Cumberl		d	Specify whether injury occurred In	(Specify city or INDUSTRY, In HO	town, county and ME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, OR P	REMOVAL	Ann	il.16 <sub>19</sub> 193	Manner of injury			
-				11.10,1917	Nature of injury			
19.	UNDERTAKER	ohn.C.Wo			24. Was disease or Injury In any wa	ay related to occup	ation of deceased?	
20.	(Address) C	umberlan	a. Ma	Mens	(Signed)	10/2	was	Kism. D.
l				Registrar.	(Address)			

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MVA 8 Laur		1		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			and the second	

1. PLACE OF DEATH	· MARYLAND—	CERTIFICATE OF DEATH 13463
066	(1 - 11/1	LIMITS OF
County COL	The	Registration Dist. No.
Village or City To Day	ausy	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jak	en Jay Co	
(a) Residence: No. 26	Traut	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH
TI W	Widowed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17 (	22 1 HEREBY CERTIFY Thet I attended deceesed from
Willes Willes	m Jaylor	MAL 20, 1934, 10 alke 1 1934
6. DATE OF BIRTH (month, day, end yeer) 20.	24 1845	I last sew her elive on 100 1 1934; death is seld
7. AGE Years Months	Deys Off LESS than	to have occurred on the date stated above, at
89 1	8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	1 marine le	Data of onsat
SAWYER, BOOKKEEPER, etc.	o area re	Chellal Munolihar 1918
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et		
10. Date deceased lest worked et	1f. Totel time (yeers)	,
this occupetion (month end yeer)	spant in this occupation	
12. BIRTHPLACE (city or town)	rationes 1	Other Contributory Causes of importance:
(State or country)	Scotland	Stulike
13. NAME L		
13. NAME  14. BIRTHPLACE (city or town)		Neme of operation Dete of
(State or country)	estland	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME		23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? Date of Injury, f9
E (State or country)	Colland	Where did injury occur?
17. INFORMANT Yould	Jarrel a Och	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 2/2/ Valaw	Cumberland MA	
18. BURIAL, CREMATION, OR REMOVAL	4/12 1 511	Manner of Injury
Place & maconing	Dete	Nature of injury
19. UNDERTAKER 4 4 LO	unst	24. Wes disease or injury in any wey releted to occupation of deceesed? 200
(Address)	tud,	If so, specify
20. FILED 4/5 , 1934 Q.	R. Halken	(Signed) M. D.
-	Registrar.	(Address) Thosplewy Ned
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Novi.

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 03464
1. PLACE OF DEATH	(Sia)
County allegances	Registration Dist. No.
Village or City Anachring	NoSt.,Ward
(If	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Douge Tract	
(a) Residence: No. Banacount mil	St.,
(Usual plage of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  OR, DIVORCED (write the word)  The Market Market Market Widowed)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Fredrick Isont	22. I HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Feb. 21, 1853	1 last saw h alive on
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, at
9 Trade profession or particular	wera as follows:  Cerebral of themorrhay Tibe  The Table of one of the transfer of the transfe
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Cerebral Hemosphage Mich 18 of 1930
year)	Other Contributory Couses of Importance:
	1
E	Name of operation Date of
(State or country) Jermany	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Marie Birkenheur	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Marie Birkenther  (State or country)  (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Mrs. Louise Four. (Address) Longraming Md.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Curatuland MA: Date aks 4, 1934	Mannar of injury
19. UNDERTAKER S. Boal (Addrass) Sommoning Md.	24. Was disaase or Injury in any way related to occupation of deceased?
20. FILED April 2 34 E. Oon J-formo	(Signad) Jerry M. Hodgan M. D.  (Address) Larrenning Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar,

03465

Ward

leath occurred	in a horpital or ins How long In U.S.	titution, give its NA! if of foreign birth?	ME instead of street a	nd number)
St.,	Ward.	Wish If nonreside	erapalint give city or town	md and Stale
	MEDICAL		E OF DEATH	
21. DATE	OF DEATH	1 1/	7,	4/
		(Month)	(Day)	(Yoar)
22. a	HEREE Bref Z	Y CERTII	eps. 2	lad deceased from
I last saw h.	Street	il bon	Vagy ?!	daath is said
		atad above, at /. )	. //	
The PRINCI		ATH and ralated ca	usas of Importance	
MOIG #2 1011	ows.			Date of onset
Ur	Know	'n		
6	Unnth	Prequ	nan Cu	
		9.5		
			••••	
Othar Contr	ibntory Causes of In	nnortance.		
				3 - 3
Name of opa	eration		Date o	1
			Was thera	
			fill in also the follow	
			_ Date of Injury	
Where did in	niury occur?			
Specify whe	ther injury occurred	(Specify city	or town, county and S SOME, or in PUBLIC	State)
0,000,000	and mjary occurred	,	TOME, OF HIS OBEIG	PEAGE.
Mannar of it	niury			
Nature of In				
			pation of daceased?.	
	y	1287.6M	Silson	
(Signed	(Addrass) C	leuman	t M.V.	M. D
	The second secon	Requesting U. S. N	THE RESERVE TO SERVE THE PARTY OF THE PARTY	

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19. UNDERTAKER (Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CERTIFICATE OF DEATH

STATE OF MARYLAND-

BINDING

FOR

RESERVED

RGIN

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· Prince	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

	Letter Treatment of		
			THE RESERVE

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH  County  Village or City  Village or City  Village or City  No.  No.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred.  Visc.  Village or City  No.  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in a hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead of street and number)  (If death occurred in the hospital or institution, give its NAME instead o
Village or City
Village or City
Length of residence in city or town where death occurred byrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.  2. FULL NAME  (a) Residence: No. // (Usdalplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX
(a) Residence: No. // // (Usdalplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX
(a) Residence: No. // (Usdal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DAVORCED (write the word)  5. SINGLE MARRIED, WIDOWED, OR DAVORCED (write the word)  5. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  1. Last sew h
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DAVORCED ("write-the word)  5. SINGLE MARRIED, WIDOWED, OR DAVORCED ("write-the word)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  21. DATE OF DEATH  (Month)  (Day)  (Year)  22.  1 HEREBY CERTIFY, Thet I sttended deceased from 1934, 1
3. SEX  4. COLOR OR RACE OR DATORCED (write the word)  5. SINGLE MARRIED, WIDOWED, OR DATORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If KESS than 1 day,hrs.  J day,hrs.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
OR DavORCED (write the word)  OR DavORCED (write the word)  (Month)  (Day)  (Year)  15a. If married, widowed, or divorced HUSBAND of (Or) WIFE of  22. I HEREBY CERTIFY, Thet I attended deceased from 1934, to 19
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. Thet I stiended deceased from 1934 to 1934
HUSBAND of (or) WIFE of  22. HEREBY CERTIFY. Thet I strended deceased from 1.19.34, to fight 1.19.34.  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If CESS than 1 day, hrs. or min.  1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
7. AGE Years Months Days If KESS than to have occurred on the date stated above, at
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13 1 24 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
9 Trade profession or particular
kind of work done, es SPINNER, Share Ang Concellentat
-
9. Industry or business in which
work was done, as SILK MILL, SAW MILL, BANK, etc
SAW MILL, BANK, etc.  1D. Date deceased lest worked at this occupetion (month end spent in this
year) occupation Dther Contributory Causes of Importance;
12. BIRTHPLACE (city or town)
(State or country) That
13. NAME from by H If Inte
13. NAME from 24 If Inte  14. BIRTIIPLACE (city or town) Southern A Town Name of operation.  Date of
(State of country) What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Same In 13 owned 23. If death was due to external causes (VIDL ENCE) fill In also the following:
To 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Classed Date of injury 4/15, 1934
(State or country) Ynd. Where did injury occur? Juneberland Will
17. INFORMANT Transled 74 11 the Specify whether injury occurred in TNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) timberland. Tublic Road
18. BURIAL, CRAMATION OR GEMDVAL 1 1 1 1 Manner of injury Centornabell accellent
Place It happels Und Date Mr. 10, 1934 Nature of Injury Fractures show
19. UNDERTAKER Strong Stern Size. 24. Was disease or injury in any way gelated to occupation of deceased? The
(Address) Combaland, If so, specify
20. FORSpeil 17, 193 & Samey Menon (Signed) The leason M. p.

(Address) 2/3 7/4.au If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MINEAU Y	رزع		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH	STATE OF MARYLAND
	County Cale James	CERTIFICATE OF DEATH
1743	UN CORPORATE SHEET IN THE	Registration Dist. No.
	Village or City (No. 10) 2FULL NAME Teams of la hande	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word Manual)	Moreh Pril 96, 1934  (Month) 10 (Day) 1938 (Year)
	December 16 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Mor. 10 1934 to Apr. 26, 1934,  that I last saw h 170 alive on Apr. 26, 1934,
	7 AGE   If LESS than I dayhrs.	and that death occurred on the data stated above, at 8:40 Pm.  The CAUSE OF DEATH * was as follows:
	B OCCUPATION  (a) Trade, profession or particular kind of work	And Neurocirculatory Asthenia
1	(b) General nature of industry business, or establishment in which employed or (employer)	with Chronic Nephritis  (Duration) 1 yrs mos de.
	9 BIRTHPLACE (State or country)	Contributory Secondary Summer Secondary Sursing ( ) yrs O mos des
	10 NAME OF Williams 19	(Signed) Cauld Wilson M. D.
	OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Perusa Stalls	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
	OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
1	4 THE ABOVE IS TRUE TOTTHE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	(Informant) J. V. Walker	Former or usual readence
	(Address) Wisterifich, 14d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  DATE OF BURIAL
1	Filed yor. 30 184 affarulaker	James Fully Comeron Pulling Gya
1	If mora b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census & nd American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from [] or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neccs-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state OCCUPAof PHYSICIANS PERMANENT RECORD. Every Exact statement ACTL classified. MARGIN RESERVED FOR BINDING properly should it may that supplied.

certificate. of See instructions on back mation should be carefully CAUSE OF DEATH in pla TION is very important -WRITE PLAINLY

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	S	AILO	F M	ARY	LAND-	-CERTIFIC
1.	PLACE OF DEAT	H		_		·
	County al	lego	ner	1:/		
7. 5	Village or City 2	1 At	un	pho	1	NoNo
	Length of residence in elt	y og town where d	eath occur	red	yrsm	oseds. How
2	. FULL NAME	Cvi	2 0	Con	) n	ilson
	(a) Residence: No	Pofu	Sta (Un	ial place of	abode)	St.,
	PERSONAL AN	DSTATIST	CAL F	ARTIC	ULARS	М
3. 5	EX 4. COLOI	OR RACE	5. SINGI OR D	E, MARRI	(write the word)	21. DATE OF
5a.	married, widowed, or divor	ced		9	7	
	HUSBANO of (or) WIFE of				0	22.
			1	.0.	1 192.	( I last saw h = Y
	DATE OF BIRTH (month, day AGE Years	, and year)	The	lays /	I LESS than	to have occurred
	AGE TEUIS	/	1		1 day,hr or #5 _min.	
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in	as SPINNER, PER, etc	<u></u>		<i></i>	my
UP.	work was done, as S SAW MILL, BANK, o	ILK MILL,				
ပ္ပင္ပ	10. Date deceased last wor this occupation (more year)	ked at	1	spani	ne (years)	
12.	BIRTHPLACE (city or town) (State or country)	N	Te,	unf	ort	Other Contributor
RA	13. NAME Day	den	ne	las	Wils	0
FATHER	14. BIRTHPLACE (city or (c) (State or country)	(wn) M	n de	six.	rost.	Name of operatio
ER	15. MAIDEN NAME	elen	16	M	icheal	23. If death was de
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) Ne	nt	( Jul	Cost,	Accident, suicide Where did injury
17	. INFORMANT (Address)	nesi	M	Just 4	ilson	Specify whether
18	BURIAL, CREMAPION, OR	an 211 -	texpator	afr	1.17.19.2	Manner of Injury Nature of Injury
19	UNOERTAKER (Address)	S. Go	aft.	ort,	ms.	24. Was disease of
20	FILEO Cym 16	1934 0	Hay	Ench	Ben	(Signed)

pospital or institution, give its NAME instead of street and number) ong in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State EDICAL CERTIFICATE OF DEATH DEATH (Oay) CERTIFY, That I attended deceased from on the date stated above, at 4.45 Pm CAUSE OF DEATH and releted causes of importance Oate of onset ue to externel causes (VIOLENCE) fill in also the following: or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. (Specify city or town, county and State) niury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, or injury in any way related to occupation of deceased?...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	÷	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
And the second s				

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	13470
1. PLACE OF DEATH	-WITHIN C	ORPORATE LIMITS (44.P)	104.00
County allegany		Registration Dist, No.	4
Village or City Cushber	land Md.	No. Olly Marketa St., death occurred in a horpital or institution, give its NAME instead of street and	Ward ward
Langth of residence In city or town where deat			
2. FULL NAME Mrs. Agn	es Celinabeth	Minn.	
(a) Residence: No. Mt. Sa	voae Md.	St., Ward.	20000000
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Female White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 4 (Year)
5a. If marriad, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended	daceased from
(Or) WIFE of William M	ind	level 1. 1934 to level	,
6. DATE OF BIRTH (month, day, end yaar)	18 - 1900	1 last saw her aliva on legal 18, 1935	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 9:10 ft.m.	
2.5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Detections.
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SIX K MILL.	uswife	My resolute Failur	Date of onset
9. Industry or business in which		Pulmansy Infarits.	Cep- 2 7/43
SAW MILL, BANK, etc	11. Total time (yaars) spent In this occupation	<i>V</i>	
12. BIRTHPLACE (city or town) 7 souther (State or country)	ug. Md.	Other Contributory Causes of Importance:	7
v	11.	freezedory lenema	Mars 211
	40 ) · 1	Retained Placesta Fallacing helds	2 Heat only
(State or country)	louig Md	Name of operation Date of_	-110
	7/ -	What tast confirmed diagnosis? Custagery Was there an	-
15. MAIDEN NAME Cora 10	Tay	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	100	Accident, suicida, or homicida? Date of injury	, 19
17. INFORMANT Carl Wal	el. ounly	Whare did injury occur?  (Specify city or town, county and Street Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
(Addrass)  18. BURIAL, CREMATION OR REMOVAL	avage ma.		
my	Data Opril 21, 1934	Menner of Injury	
19, UNDERTAKER	upt 1	Nature of injury	Ио.
20. Purposel 20, 1934 Mar	burg Mais	If so, specify (Signed) Januarle Jacobs as	с. — М. D.
	Registrar.	(Addrass) 12.2 12 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
IJ more bla	nus are necaea, agaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory eauses of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	(3)
County allegary	Registration Dist. No.
Village or City Cores aftons. nud	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Etilah Minten	
(a) Residence: No. The aftern ms (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DWORCED (write the wor	Och 30 1934
5a. If marriad, widowed, or divorged	(Month) (Day) (Year)
HUSBAND OF Eliza Starkey	22. I HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Mary 9-185	
7. AGE Years Months Days If LESS th	to not o occurred on the data stated about, at
84 1 20 1day,	were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Wrence Cuesca Date of one at a fr. 27
SAWYER, BOOKKEEPER, etc.	1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and yaar) spent in this occupation.	
95. 1 1	Other Coutributory Causea of Importance:
12. BIRTHPLACE (city og town) Taryland (Stata or country)	Chronic Might Distant 1932
	- (marica Miright, History
14. BIRTHPLACE/city or town) Sparyland	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harried Sigler	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Mary Columbia	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT IN THE Elizah Winter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Mannar of Injury
Placefullerest leme Date onay 2, 19.	3.54 Natura of Injury
10 HADERTAKED To Stein Bus	24. Was disease or Injury in any way ralated to occupation of deceased?
19. UNDERTAKER (Addrass)	If so, specify
5/5 5/2/34 m Q1h, t.	(Signad) That the form M.D.
20. FILED THE 19 19 19 19 19 19 19 19 19 19 19 19 19	
Acgusta.	(//////////////////////////////////////

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance and a second secon	nyay1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 113412
1. PLACE OF DEATH	46
County allegany	Registration Dist. No.
Village or City I foothung	No. 143 Hovel St. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where deeth occurred 12 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia Una Walfe	
(a) Residence: No. 143 Your (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensele White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Philip Walle	22.   HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) July 25/86/	I last sew h. 27 alive on 3 - 29
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Irede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caver of Stanoch
9 Industry or business in which	
work was done, as SILK MILL, at Ominate Some SAW MILL, BANK, etc. 11. Total filme (years)	
10. Date deceased lasf worked et this occupation (month and year) 11. Total filme (years) spent in this occupation	
(State or country)  12. BIRTHPLACE (city or town)  Transfurg  Md.	Other Contributory Causes of Imporfence:
13. NAME Micheal Ban	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What fest confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Donabuls	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
60 0 10	Where did injury occur? (Specify city or town, county and State)
(Address) 143 Ward It.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place St. Illimens lling. Date lights 6, 1934	Nature of injury
19. UNDERTAKER Jacob Blaker	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frotting, not	If so, specify (Signed) (Signed) (Signed)
20. FILED , 19.3 T CITY Registrar.	(Address) Mt. Savo Je Wa
	and the second of the second o

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

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STATE OF MARYLANDS	GERTIFICATE OF DEATH 03473
1. PLACE OF DEATH	@
County allegany UITY L	Registration Dist. No.
Village or City Combession	No. Mason Rd St., Ward
Length of residence in city or town where death occurred vrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillbarn May	
(a) Residence: No. Market And	2/2 (0 1 1 02)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year friel 24, 1934	I last saw have alive on the said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 20Am.
telller or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et	1 & ill Born
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	1 3440
O this occupation (month and spant in this year)	6,722
on 1	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME (22:01: ) (2: 1, 1	
I Theresay I want	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
W 15. MAIDEN NAME (Blance)	What tast confirmed diagnosis? Was there an autopsy?
I game	23. If death wes dua to external causes (VIOL ENCE) fill in elso the following:
Q 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT Blanch Jack Told (Address) March Told	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mass Nd Date 4 -24, 1934	Natura of injury
19. UNDERTAKER Bay Sullivand	24. Was disease or injury In any way related to occupation of deceased?
Chylorel 24, 1934 Harring To Oren. Registras.	(Signed) Sure on fund year M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Mary Control				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeur	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN